ACADEMIC YEAR 2014-2015

Instruction Manual for Grantees of the NEPQR-Veterans Bachelor of Science Nursing (VBSN)

Semi Annual Performance Report 2

Welcome

Welcome to the Bureau of Health Workforce's Performance Measures Handbook (BPMH)! This instruction manual has been carefully designed to assist your organization in completing the required Performance Report for Grants and Cooperative Agreements (PRGCA). Please read through this manual carefully, as it contains examples and a series of step-by-step instructions that will aid you in completing all required forms.

Please note the following:

1. All required performance measures are linked to the following legislative purpose(s) of the **NEPQR-VBSN** grant program:

    o   **To increase veteran's enrollment in and completion of baccalaureate nursing programs through career ladder projects.**

2. Data submitted by grantees of the program must cover all activities that took place between **January 01, 2015 - June 30, 2015** (referred to as **Semi Annual Performance Report 2**)

3. **The PRGCA is due no later than July 31, 2015.** Failure to submit a PRGCA by this date may place your grant in a noncompliant status.

4. Officials at the Health Resources and Services Administration (HRSA) will review and approve all PRGCA submitted by grantees. In the case that revisions are needed, you will be granted the ability to reenter the BPMH system, make corrections, and submit a revised PRGCA. All revisions must be resubmitted within five (5) business days of the initial request. Failure to resubmit a revised PRGCA within five (5) business days may place your grant in a noncompliant status.

We appreciate your feedback and assistance during this process. All requests for technical assistance will be coordinated through the Call Center and responded to promptly. If you have any questions or require further assistance in completing your PRGCA, please visit the grants homepage or contact the HRSA Contact Center via:

- Phone at 877-Go4-HRSA / 877-464-4722 or
- Click this link to send us your inquiry: click here.

National Center for Health Workforce Analysis

Performance Metrics and Evaluation Branch

Getting Started

The Office of Management and Budget (OMB) has issued a 3-year approval for the semiannual collection of performance measures across all grants and cooperative agreements funded through the Health Resources and Services Administration's Bureau of Health Workforces (BHW) (OMB # **0915-0061**; Expiration Date: **05/31/2016**). The BPMH system has been significantly enhanced to incorporate all approved subforms, as well as increase system performance and functionality. Throughout the manual, there are several icons that identify tips and other important information which will assist you in completing each subform accurately (see below).

⚠ Marks a warning statement. Please read information in **bold** carefully in order to complete each subform accurately.

💡 Marks a tip or important note for completing a specific Block or subform in the BPMH system.

💡 Marks the end of a subform and provides instructions for initiating required validations checks.

Due to the nature of semiannual reporting, the BPMH system has been recently enhanced so as to prepopulate specific Blocks within certain subforms with data submitted in a previous reporting period. In addition, a "View Prior Period Data" link has been added at the top of each subform in order to provide you with easy access to data submitted by your organization in prior reporting periods.

Figure 1. Screenshot of View Prior Period Data Link

Getting Started - How Performance Measure Data Fields Are Identified in the Forms

No.	Type of Training Program	Trainees by Training Category		Attrition	
		Enter # of Enrollees	Enter # of Graduates	Enter # of Individuals who left the Program before Completion	Enter # of URM who left the Program before Completion
	(1)	(2) Block 1	(5) Block 4	(7) Block 6	(8) Block 6a
1	Degree/Diploma | MD/MPH | Health Policy & Management	20	5	1	0

Figure 2. Example of Performance Measures Data Table

There are two (2) types of data entry field identifiers. Each data entry field in a performance measure is identified with both types of numbers when the measure appears like the example in the above Figure.

Column Number: The first is a Column number. It is contained in parentheses above the Block number. Column numbers are unique to the field in a particular form and are used to identify error messages. If you receive an error message, it will refer to a Column Number. In that circumstance, find the Column number in the form to locate the error. Data fields that are prepopulated may only be identified with a Column number as shown in Column #1 in the above Figure.

Block Numbers: The second type of identifier is a Block number. Block numbers are also unique to a data entry field and correspond to the paper version of the performance measures. If you print the performance measures or received paper copies, the data fields are identified with a Block number. The Block numbers here in the EHB are the same as what appears in the paper copies of the performance measures. Nearly all fields where you enter data will be identified with a Block number.

Getting Started: Browser Settings

⚠ **Warning: Check your browser settings before beginning your PRGCA. Incompatible browsers or incorrect settings will cause forms to display incorrectly.**

- HRSA's Electronic Handbook system (EHB) is compatible only with certain Internet browsers that have specific settings. Please check your settings by logging into EHB and clicking the 'Recommended Settings' tab that appears in the yellow banner at the top left of your home screen. The system will check your browser and its settings for compatibility.

- There are multiple checks that are performed, and you must receive green check marks next to each setting in order to proceed. The following link will direct you to a page that displays the list of the checks performed: **Recommended Settings**.

- Opening this link in your browser will automatically perform the recommended settings checks. Alternatively, you can access the recommended settings page in the EHBs system by clicking the 'Recommended Settings' tab on your EHBs home screen. It is highly recommended to check your settings prior to entering data in the BPMH system.

- Using different browsers or settings than what is described above may produce unpredictable results. If you find that you are unable to see dropdown menus, cannot enter data into a field, or a form is not appearing, you most likely have a browser compatibility problem.

- Please check these settings prior to calling the HRSA Call Center or your Government Project Officer. You may be asked to provide a screenshot showing the results of the 'Recommended Settings' tab.

Getting Started: Helpful Resources and Recommendations

The following is a list of resources and tips you may find helpful in the event you need assistance:

1. Begin PRGCA data entry early and submit your report prior to the deadline.
2. **Browser Settings**: Check your Internet browser and its settings by using 'Recommended Settings' tab on the EHB home screen within the yellow banner in the top left corner of the screen. Look for green check marks for all system requirements in order to meet system requirements and proceed.
3. **Reporting on Your Grant:** Several resources are available through HRSA's "Reporting on Your Grant" link http://bhw.hrsa.gov/grants/reporting/index.html including general EHB guidance as well as links to the performance measures and program manual.
4. **Resource Links**: Several resources are available via the 'Resource' tab on the EHB home screen including the following links:
   o View Prior Period Data- Previously submitted PRGCA data are available in read-only mode
   o Glossary- Current definitions of key terms
   o Instruction Manual- Electronic copy of this program manual (can also be found on the HRSA.gov website)
5. **Video Recordings:**
   o View recorded videos of how to enter data in the BPMH system: https://help.hrsa.gov/display/public/EHBSKBFG/BPMH+Videos
   o View the recorded TA webinar provided for your grant program. Please access the recording by using the link provided by your Government Project Officer.
6. **Grant Personnel:** Review your grant personnel listed in EHB and update this list as necessary. Ensure that listed personnel have appropriate authorizations (i.e., PRGCA submission, etc.). Make sure you have a backup person in place to submit your report!
7. **Sequence of Forms:** Complete PRGCA forms in the order they appear (i.e., complete EXP-1 prior to EXP-2; EXP-2, prior to EXP-3)
8. **Saving and Validating:** You must click 'Save and Validate' in order to move to the next form. Save your work frequently (every 15-20 minutes) and print a hard copy of your report prior to submission.
9. **HRSA Call Center:** If you need additional assistance, contact the HRSA Call Center using the contact information below. If you have contacted the Call Center and are waiting for a reply, you should follow-up with them 48 hours after the initial contact. Have your ticket number ready (the same ticket number will be used at all tier levels now). Do not wait for the Call Center to return a phone call or email.
   o Phone at 877-Go4-HRSA/877-464-4772; or
   o Click this link to send us your inquiry: click here.
10. **Government Project Officers**: Contact your Government Project Officer if you need further assistance.

Order of Required Forms

The following table shows the order that subforms will appear throughout the BPMH system for your specific grant program. Please note that clicking on the "Save and Validate" button at the end of each subform will cause the system to check all Blocks for errors and route you to the next required subform on the list. If you need to go back to any subform for any reason, simply click on the Form ID on the left sidebar of the Electronic Handbook (EHB). Please note that changing data that has already been saved will require you to click on the "Save and Validate" button and go through the validation process once more.

Order	Type of Form	Parent Form	Form ID
1	Setup Form	Setup Forms	Training Program
2	Setup Form	Setup Forms	Faculty Development
3	Performance Data Form	Program Characteristics-PC Subforms	PC-1
4	Performance Data Form	Individual Characteristics-INDGEN Subforms	IND-GEN
5	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-GPC
6	Performance Data Form	Individual Characteristics-INDGEN Subforms	INDGEN-PY
7	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-1
8	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-2
9	Performance Data Form	Experiential Characteristics-EXP Subforms	EXP-3
10	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1

Order	Type of Form	Parent Form	Form ID
11	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-1a
12	Performance Data Form	Course Development and Enhancement-CDE Subforms	CDE-2
13	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1a
14	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-1b
15	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2a
16	Performance Data Form	Faculty Development, Instruction, and Recruitment-FD Subforms	FD-2b

Training Program - Setup

Training Program Setup - Selecting Type of Training Program

⚠️ **Warning: A new entry in the Training Program Setup form is needed for all training programs supported through the grant during the semiannual reporting period.**

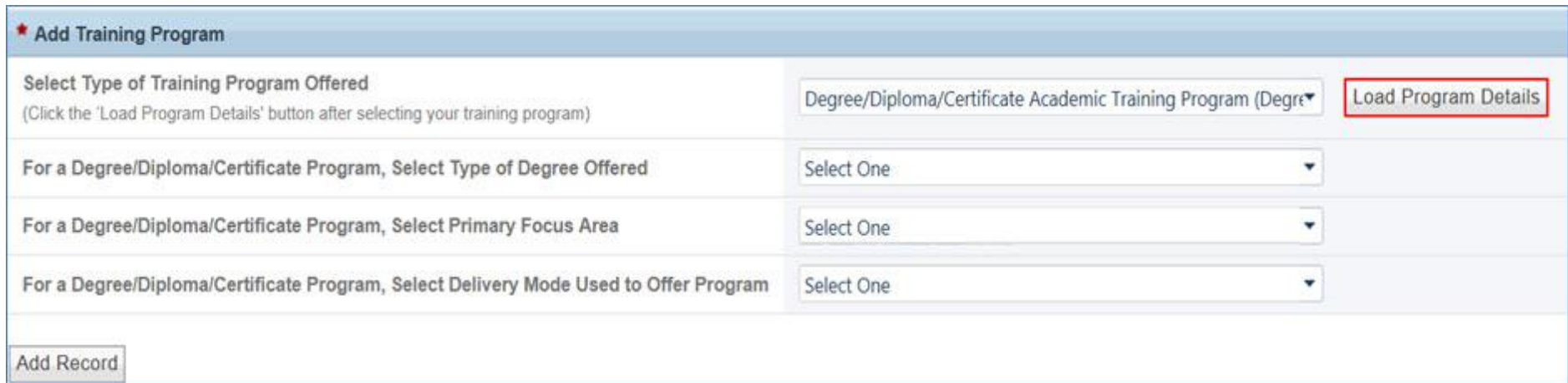**Figure 3. Training Program Setup - Selecting Type of Training Program**

Select Type of Training Program Offered: The Training Program Setup form will configure all subforms specific to various types of training programs. To begin completing the setup form, select the type(s) of training program(s) supported through the grant during the semiannual reporting period by clicking on the drop-down menu next to "Select Type of Training Program Offered" and choosing **one** of the following options:

- Degree/Diploma/Certificate Academic Training Program (Degree/Diploma)

💡 *Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

Training Program Setup - Loading Program Details

Figure 4. Training Program Setup - Loading Program Details

Next, click on the "Load Program Details" button to activate the remaining drop-down menus in this setup form.

Note: Clicking on the "Load Program Details" button will activate drop-down menus specific to the selection made in the previous step.

Training Program Setup - Adding Degree/Diploma Program

Figure 5. Training Program Setup - Adding Degree/Diploma Program

For degree-bearing programs, use the following instructions:

For a Degree/Diploma/Certificate Program, Select Type of Degree Offered: To complete your entry, select the type of degree program supported through the grant during the semiannual reporting period by clicking on the drop-down menu next to "For a Degree/Diploma/Certificate Training Program, Select Type of Degree Offered" and choosing **one** of the following options:

- BSN

For a Degree/Diploma/Certificate Program, Select Primary Focus Area: Next, select the degree program's primary focus area by clicking on the drop-down menu next to "For a Degree/Diploma/Certificate Training Program, Select Primary Focus Area" and choosing **one** of the following options:

- Nursing - BSN - Generalist
- Nursing - BSN - RN to BSN completion

Select Delivery Mode Used to Offer Program: Next, select the primary mode used to deliver each degree program during the semiannual reporting period by clicking on the drop-down menu under and choosing **one** of the options listed below.

Next, click on the "Add Record" button to save your entry. **Repeat this process to capture the degree programs of all students who received a BHW-funded financial award during semiannual reporting period.**

- Campus-based program
- Distance learning program
- Hybrid program

Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.

Training Program Setup - Selecting Training Activity Status

No.	Record Status	Training Program (1)	Select Training Activity Status in the Current Reporting Period (2)	Option(s)
1	Prior Record	Degree/Diploma	MS	Nursing - NP - Adult gerontology	Campus-based program	Select one ▼ Select one ▲ Inactive ≡ Active ▼	✗ Delete ▼
2	Prior Record	Degree/Diploma	MS	Nursing - NP - Family	Campus-based program		✗ Delete ▼
3	Prior Record	Degree/Diploma	DNP	Nursing - NP - Family	Campus-based program		✗ Delete ▼

Figure 6. Training Program Setup - Selecting Training Activity Status

To complete the Training Program Setup form, please review the Saved Records Table to ensure that all degree programs supported with grant funds during the semiannual reporting period were captured accurately.

For new records, please review the information contained in the table for accuracy and, for any reason a record has to be deleted, simply click on the "Delete" link under the Option(s) column.

Select Training Activity Status in the Current Reporting Period: Select the Training Activity Status of all reported training programs. If you are reporting on a program, please choose 'Active.'

- Active
- Inactive

Note: No action is needed for prior records, if they remain Active. If a prior record training program no longer has active enrollees (no students are enrolled and all students have already graduated), you may select 'Inactive' as the status of the program. Selecting 'Inactive' indicates the training program is completed, you are no longer administering it, and you have no active INDGEN records or faculty development programs. You will not report on any aspect of an inactive program, and all records associated with the program (i.e., EXP records and CDE records) will be made inactive.

To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Faculty Development – Setup

Selecting Faculty Development Activities

Faculty Development Activities	Select
Structured Faculty Development Training Program	☐
Faculty Development Activity	☐
No faculty-related activities conducted	☐

Figure 7. Selecting Faculty Development Activities

The Faculty Development Setup form will configure all subforms specific to faculty development activities. To complete the Faculty Development Setup form, select the type(s) of faculty development activities coordinated or supported through the grant during the semiannual reporting period by choosing **all that apply** under Block 1.

⚠️ **Warning: Options for the Faculty Setup form will be automatically selected if you have previously reported one or more training programs or activities through the FD-1a or FD-2a subforms. You may uncheck "Faculty Development Activity" if you have nothing to report. You may uncheck "Structured Faculty Development Training Program" only if you have no training programs still in progress. Please refer to the Faculty Development—FD Subforms page (initial instructions page immediately following CDE forms) for instructions on how to update the status of each previously reported structured faculty development program.**

💡 *Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

📙 *Reference: Refer to the glossary for a definition of each type of faculty development activity.*

💡 **To Complete the Form: Click on "Save and Validate" on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

PC-1: Program Characteristics – Degree/Diploma/Certificate Training Programs

PC-1 - Selecting Type(s) of Partners/Consortia

⚠️ **Warning: For degree programs previously reported, Block 1.k.1 will appear as read-only and is not editable. If the delivery mode for a degree program previously reported has changed, this requires a new entry in the Training Program Setup form.**

No.	Record Status	Type of Training Program (1) Block 1	Type of Degree Offered (2) Block 1j	Primary Focus Area (3) Block 1k	Select Delivery Mode Used to Offer this Program (4) Block 1k.1	Select Type(s) of Partners/Consortia Used to Offer this Training (6) Block 2
1	Prior Record	Degree/Diploma | MSN | Nursing - NP - Adult gerontology	MSN	Nursing - NP - Adult gerontology	Campus-based prog▾	Academic departmer▾
2	New Record	Degree/Diploma | DNSc / DNS | Nursing - NP - Family Psychiatric/Mental Health	DNSc / DNS	Nursing - NP - Family Psychiatric/Mental Health	☑ Academic department - within the institution ☐ Academic department - outside the institution	

Figure 8. PC-1 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia Used to Offer this Training: To complete the PC-1 subform for **all records**, select the type(s) of partnerships or consortia used or established for the purpose of offering each degree program during the semiannual reporting period by clicking on the drop-down menu under Block 2 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric ambulatory care and comprehensive units
- Health department - Local

- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other HHS Agency/Office
- Federal Government -Other
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health insurance/Healthcare Provider Group (e.g.; PPO/HMO)
- Hospital

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HRSA Program
- FQHC or look-alike
- Geriatric consultation services
- Health department - Tribal
- Health policy center
- Local Government
- Nonprofit organization (non - faith

- Health disparities research center
- Hospice
- Long-term care facility
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization
- Tribal Government

- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization

based)
- Other
- Professional Associations
- State Government
- No partners/consortia used

Warning: You may not select "No partners/consortia used" in combination with any other option.

PC-1 - Entering Enrollment Information

⚠️ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Blocks 3, 3a and 3b on the PC-1 subform apply to all records and capture enrollment information about the total number of students who were enrolled in each degree program (regardless of funding source) during the semiannual reporting period.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a

Figure 9. PC-1 - Entering Enrollment Information

Enter Total # Enrolled (whether funded by BHW or not): Total: For Block 3, enter the **total** number of students who were enrolled in each degree program during the semiannual reporting period. Count all students enrolled—regardless of whether they received a BHW-funded financial award or not. **This number is a total enrollment headcount minus those students who permanently dropped out.**

Enter Total # Enrolled (whether funded by BHW or not): URM: For Block 3a, enter the number of students enrolled in each degree program during the semiannual reporting period who were underrepresented minorities. **Block 3a is a subset of Block 3.**

Enter Total # Enrolled (whether funded by BHW or not): Disadvantaged Background and not URM: For Block 3b, enter the number of

students enrolled in each degree program during the semiannual reporting period who are from disadvantaged backgrounds and are not underrepresented minorities. **Block 3b is a subset of Block 3.**

Note: Do not count students who permanently left the degree program before completion (i.e. attrition). These students will be captured separately in Block 9.

Reference: Refer to the glossary for a definition of underrepresented minority.

Reference: Refer to the glossary for a definition of disadvantaged background.

Example: The School of Nursing had a total of 202 students enrolled in the BSN program. The school used BHW funds to provide funding to 25 students in the program during the semiannual reporting period. During this period, 2 students permanently left the BSN degree program before completion.
In Block 3 of this form, the School of Nursing would enter 200.

Example: The School of Nursing had a total of 200 students maintain enrollment in the BSN program during the semiannual reporting period. Among the 200 students enrolled in this degree program, 35 are underrepresented minorities.
In Block 3a, the School of Nursing would enter 35.

Example: The School of Nursing had a total of 200 students maintain enrollment in the BSN program during the semiannual reporting period. Among the 200 students enrolled in this degree program, a total of 45 students are from disadvantaged backgrounds. Twenty (20) out of the 45 students from a disadvantaged background are also underrepresented minorities.
In Block 3b, the School of Nursing would enter 25.

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PC-1 - Entering Graduate Information

Blocks 8 and 8a on the PC-1 subform apply to all records and capture graduates information about the total number of students in each degree program (regardless of funding source) during the semiannual reporting period.

	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
	Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a

Figure 10. PC-1 - Entering Graduate Information

Enter Total # Graduated/Completed (whether funded by BHW or not): Total: For Block 8, enter the total number of students in each degree program who graduated during the semiannual reporting period. **Block 8 is a subset of Block 3.**

Enter Total # Graduated/Completed (whether funded by BHW or not): URM: For Block 8a, enter the number students in each degree program who graduated during the semiannual reporting period and are underrepresented minorities. **Block 8a is a subset of Block 8.**

Example: The School of Nursing had a total of 200 students maintain enrollment in the BSN program during the semiannual reporting period. Among the 200 students enrolled in this degree program, a total of 50 students completed all degree requirements and graduated during this reporting period.
In Block 8, the School of Nursing would enter 50.

Example: The School of Nursing had a total of 200 students maintain enrollment in the BSN program during the semiannual reporting period. Among the 200 students enrolled in this degree program, a total of 50 completed all degree requirements and graduated during this period. Ten (10) out of the 50 students who graduated are underrepresented minorities.
In Block 8a, the School of Nursing would enter 10.

PC-1 - Entering Attrition Information

Blocks 9 and 9a on the PC-1 subform apply to all records and capture attrition information in each degree program (regardless of funding source) during the semiannual reporting period.

	Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
	Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a

Figure 11. PC-1 - Entering Attrition Information

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): Total: For Block 9, enter the **total** number of students who permanently left each degree program before completion during the semiannual reporting period.

Enter Total # Who left the Program Before Completion (whether funded by BHW or not): URM: For Block 9a, enter the number of students who permanently left each degree program before completion during the semiannual reporting period and are underrepresented minorities. **Block 9a is a subset of Block 9.**

Example: The School of Nursing had a total of 202 students enrolled in the BSN program. The school used BHW funds to provide funding to 25 students in the program during the semiannual reporting period. During this period, 2 students permanently left the BSN degree program before completion.

In Block 9 of this form, the School of Nursing would enter 2.

Example: The School of Nursing had a total of 202 students enrolled in the BSN program. The school used BHW funds to provide funding to 25 students in the program during the semiannual reporting period. During this period, 2 students permanently left the BSN degree program before completion and none who left were underrepresented minorities.

In Block 9a of this form, the School of Nursing would enter 0.

Enter Total # Enrolled (whether funded by BHW or not)			Enter Total # Graduated/Completed (whether funded by BHW or not)		Enter Total # Who left the Program Before Completion (whether funded by BHW or not)	
Total (7) Block 3	URM (8) Block 3a	Disadvantaged Background and not URM (9) Block 3b	Total (10) Block 8	URM (11) Block 8a	Total (12) Block 9	URM (13) Block 9a
200	35	25	50	10	2	0

Figure 12. Completed PC-1 sub form

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Individual Characteristics—INDGEN Subforms

INDGEN - Introduction

⚠ **Warning: The INDGEN subforms have been enhanced from the most recent reporting period to reduce overall burden. Please read these instructions carefully.**

Notice to Grantees about Individual-level Data:

1. **You must complete an IND-GEN subform for each VBSN student who is enrolled in the program during the semiannual reporting period and for every faculty member who received BHW financial assistance to complete a faculty development program. The IND-GEN form is <u>only for VBSN students</u> not the entire population of students in the school.**
2. For prior records, the BPMH system will prepopulate certain blocks in the INDGEN subform with data submitted in previous reporting periods for each student. **Please note that all other fields must be updated on a semiannual basis until the student graduates or permanently leaves the degree program.**
3. The IND-GEN subform will automatically calculate and display read-only columns labeled "Academic Year Total" and "Cumulative BHW Financial Award Total."
   o The Academic Year Total will sum the amounts entered for both reporting periods across a given academic year.
   o The Cumulative BHW Financial Award Total will sum all amounts entered for this individual in the BMPH system since the beginning of Academic Year 2012-2013.
4. Students who were reported as having graduated in the last reporting period will automatically be transferred from INDGEN to the new INDGEN-GPC subform. No action is needed on these records until one (1) full calendar year has passed from the moment of completion. At that point, records will automatically be transferred to the INDGEN-PY subform where 1-year post completion employment/status data must be provided for each student (see below). **One-year post completion data are not necessary for faculty members.**

Reporting Period when Individual Completed/Graduated from the Training Program	Reporting Period When Record will be Transferred to INDGEN-GPC (No action needed)	Reporting Period When Record will be Transferred to INDGEN-PY (For updating 1-year employment status)
Academic Year A, Reporting Period #1	Academic Year A, Reporting Period #2	Academic Year B, Reporting Period #1
Academic Year A, Reporting Period #2	Academic Year B, Reporting Period #1	Academic Year B, Reporting Period #2

Figure 13. INDGEN - Introduction

IND-GEN: Individual Characteristics
IND-GEN - Setup

To begin providing individual-level data for students and faculty enrolled in the degree or faculty development program during the semiannual reporting period, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel form that will allow you to begin data entry.

Figure 14. IND-GEN - Setup

⚠ **Warning:** <u>**STUDENTS DO NOT RECEIVE DIRECT FINANCIAL SUPPORT IN THE VBSN PROGRAM. DATA COLLECTED ON INDGEN FORM IS TO CAPTURE DEMOGRAPHIC DATA AS WELL AS FOLLOW-UP**</u>

⚠ **Warning: If you have used the INDGEN form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the INDGEN form by using the form list located on the left side of your screen.**

⚠ **Warning: If you are unable to enter data into the INDGEN form, edit prior records, or see drop-down menus despite the question above being answered 'Yes', you have a browser compatibility problem. Please refer to the Getting Started-Browser Settings page at the beginning of this manual.**

⚠ **Warning: Gray fields in prior records cannot be edited.**

IND-GEN - Selecting Type of Training Program

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Other				

Figure 15. IND-GEN - Selecting Type of Training Program

Type of Training Program: To begin completing the IND-GEN subform, select the training program associated with each individual by clicking on the drop-down menu under the column labeled "Type of Training Program" and choosing **one** of the available options.

Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form. The option for "Other" that is available in the drop-down menu under the column labeled "Type of Training Program" should only be selected for faculty who received BHW financial assistance during the semiannual reporting period.

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.

Example: The School of Nursing saved one (1) entry in the Training Program Setup form to reflect the type of degree program supported by the grant. Under "Type of Training Program" the School of Nursing would see the following options:

- *Degree/Diploma program | BSN*
- *Other*

IND-GEN - Entering Trainee Unique ID

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Other				

Figure 16. IND-GEN - Entering Trainee Unique ID

Trainee Unique ID: Enter a seven (7) alphanumeric unique identifier for each student in the textbox under **Block 1.**

Warning: It is the responsibility of each grantee to keep a log of all unique IDs used, as these will be required to provide semiannual updates and 1-year follow-up data for each student.

Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.

IND-GEN - Selecting Individual's Training or Awardee Category

Record Status	Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
	(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
	Select one		Select one Enrollee (campus-based only) Enrollee (distance learning only) Enrollee (hybrid) Faculty		

Figure 17. IND-GEN - Selecting Individual's Training or Awardee Category

Select Individual's Training or Awardee Category: Select each individual's training category during the semiannual reporting period by clicking on the drop-down menu under Block 2 and choosing **one** of the following options:

- Enrollee (campus-based only)
- Enrollee (distance learning only)
- Enrollee (hybrid)
- Faculty

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.

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IND-GEN - Selecting Individual's Enrollment/Employment Status

Figure 18. IND-GEN - Selecting Individual's Enrollment/Employment Status

Select Individual's Enrollment / Employment Status: Select each individual's current enrollment (f**or VBSN students**) or employment **(faculty)** status during the semiannual reporting period by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Both Full-time and Part-time
- Full-time
- On leave of absence
- Part-time

IND-GEN - Selecting Individual's Sex

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4
Other				
				Select one
				Male
				Female

Figure 19. IND-GEN - Selecting Individual's Sex

Select Individual's Sex: Select each individual's biological sex by clicking on the drop-down menu under Block 4 and choosing **one** of the following options:

- Female
- Male

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during the previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

IND-GEN - Selecting Individual's Age

Type of Training Program	Trainee Unique ID	Select Individual's Training or Awardee Category	Select Individual's Enrollment / Employment Status	Select Individual's Sex	Select Individual's Age
(1)	(2) Block 1	(3) Block 2	(4) Block 3	(5) Block 4	(6) Block 5
Other					Select one 12 13

Figure 20. IND-GEN - Selecting Individual's Age

Select Individual's Age: Select each individual's age at the end of the semiannual reporting period in the dropdown menu under Block 5.

- 12
- 13
- 14
- 15
- 16
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- 68
- 69
- 70
- 71
- 72
- 73

- 75
- Not Reported
- 74

IND-GEN - Selecting Individual's Ethnicity

Type of Training Program	Trainee Unique ID	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Other		Select one / Hispanic/Latino				

Figure 21. IND-GEN - Selecting Individual's Ethnicity

Select Individual's Ethnicity: Select each individual's ethnicity by clicking on the drop-down menu under Block 6 and choosing **one** of the following options:

- Hispanic/Latino
- Non-Hispanic/Non-Latino

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

IND-GEN - Selecting Individual's Race

Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Ethnicity (7) Block 6	Select Individual's Race (8) Block 7	Select Whether Individual is from a Rural Residential Background (9) Block 8	Select Whether Individual is from a Disadvantaged Background (10) Block 9	Select Individual's Veteran Status (11) Block 10
Other			▾			
			☐ American Indian or Alask			

Figure 22. IND-GEN - Selecting Individual's Race

Select Individual's Race: Select each individual's race by clicking on the drop-down menu under Block 7 and choosing **all that apply** from the following options:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Other Pacific Islander
- White

⚠ **Warning: You may not select "Not Reported" in combination with any other option.**

💡 *Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.*

IND-GEN - Selecting if Individual is from a Rural Residential Background

Type of Training Program	Trainee Unique ID	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Other				Select one Yes No		

Figure 23. IND-GEN - Selecting if Individual is from a Rural Residential Background

Select Whether Individual is from a Rural Residential Background: Select whether each individual is from a **rural residential background** by clicking on the drop-down menu under Block 8 and choosing **one** of the following options:

- Yes
- No
- Not Reported

Reference: Refer to the glossary for a definition of rural setting.

IND-GEN - Selecting if Individual is from a Disadvantaged Background

Type of Training Program (1)	Trainee Unique ID (2) Block 1	Select Individual's Ethnicity (7) Block 6	Select Individual's Race (8) Block 7	Select Whether Individual is from a Rural Residential Background (9) Block 8	Select Whether Individual is from a Disadvantaged Background (10) Block 9	Select Individual's Veteran Status (11) Block 10
Other						
					Select one Yes No	

Figure 24. IND-GEN - Selecting if Individual is from a Disadvantaged Background

Select Whether Individual is from a Disadvantaged Background: Select whether each individual is from a **disadvantaged background** by clicking on the drop-down menu under Block 9 and choosing **one** of the following options:

- Yes
- No
- Not Reported

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

Reference: Refer to the glossary for a definition of disadvantaged background.

IND-GEN - Selecting Individual's Veteran Status

Type of Training Program	Trainee Unique ID	Select Individual's Ethnicity	Select Individual's Race	Select Whether Individual is from a Rural Residential Background	Select Whether Individual is from a Disadvantaged Background	Select Individual's Veteran Status
(1)	(2) Block 1	(7) Block 6	(8) Block 7	(9) Block 8	(10) Block 9	(11) Block 10
Other						
						Select one
						Active Duty Military
						Reservist

Figure 25. IND-GEN - Selecting Individual's Veteran Status

Select Individual's Veteran Status: Select each individual's veteran status by clicking on the drop-down menu under Block 10 and choosing **one** of the following options:

- Active Duty Military
- Reservist
- Veteran - Retired
- Faculty is not a Veteran
- Veteran - Prior Service
- Faculty not Reported

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period. If "Not Reported" was selected for a record during a previous reporting period, you must provide the appropriate updated information in order to successfully submit your PRGCA.

Reference: Refer to the glossary for a definition of the various types of veteran statuses.

IND-GEN - Entering BHW-Funded Financial Award Information

⚠️ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Type of Training Program	Trainee Unique ID	Select Whether Individual Received BHW Financial Award?	Enter Individual's Financial Award Amount (BHW funds only)			
			Stipend	Current Reporting Period Total	Academic Year Total	Cumulative BHW Financial Award Total
(1)	(2) Block 1	(12) Block 11	(13) Block 11	(21a) Block 11	(21b) Block 11	(21c) Block 11

Figure 26. IND-GEN - Entering BHW-Funded Financial Award Information

Select Whether Individual Received BHW Financial Award?: Select whether each faculty member received BHW-funded financial assistance during the semiannual reporting period by clicking on the drop-down menu under Block 11 and choosing **one** of the following options (for students, select 'No'):

- Yes
- No

Enter Individual's Financial Award Amount (BHW funds only): Stipend:

- **If the faculty received a BHW-funded financial award or any form of financial assistance was paid on their behalf**, enter the **total** amount of BHW dollars provided during the semiannual reporting period in the textbox under the column labeled "Stipend". The total amount reported should account for all BHW dollars including those applied to travel, training and conferences, as allowed by federal statutes and regulations.
- **If the faculty did not receive a BHW-funded financial award**, enter "0" in the textbox under the column labeled "Stipend".
- **If the individual is a student, select 'No' under Block 11.**

 *Note: Please record all BHW financial assistance paid on behalf of faculty or students for travel, conferences and trainings. This is **NOT** referring to financial awards given directly to students or faculty.*

IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Type of Training Program	Trainee Unique ID	Enter # of Academic Years the Individual has Received BHW Funding	Select Individual's Academic or Training Year
(1)	(2) Block 1	(22) Block 12	(26) Block 15
		Select one 0 1 2 3	

Figure 27. IND-GEN - Entering # of Academic Years the Individual has Received BHW Funding

Enter # of Academic Years the Individual has Received BHW Funding: Select the cumulative number of academic years that each **faculty** member has received BHW financial assistance by clicking on the drop-down menu under Block 12 and choosing **one** of the following options:

- 0
- 2
- 4
- 1
- 3
- 5 or more

Note: The number of academic years receiving BHW-funded financial assistance does not need to be consecutive; rather, the cumulative total number of years receiving awards should be reported.

Note: If a faculty did not receive BHW-funded financial assistance during the semiannual reporting period, select "0" under Block 12.

Note: If an individual had financial assistance for ½ an academic year, please round up. For example, if a student or faculty member has received financial assistance for 1 ½ years, please enter 2.

Note: If a faculty received BHW-funded financial assistance for the first time during the semiannual reporting period, select "1" under Block 12.

IND-GEN - Selecting Individual's Academic or Training Year

Figure 28. IND-GEN - Selecting Individual's Academic or Training Year

Select Individual's Academic or Training Year: Select each individual's current training year by clicking on the drop-down menu under Block 15 and choosing **one** of the following options:

- Non-degree Training Year 1
- Undergraduate Year 2
- Undergraduate Year 4
- Undergraduate Year 1
- Undergraduate Year 3
- N/A

Note: For Students, use Undergraduate Year. For Faculty, use Non-degree Training Year 1.

IND-GEN - Selecting Individual's Primary Discipline

Figure 29. IND-GEN - Selecting Individual's Primary Discipline

Select Individual's Primary Discipline: Select each individual's profession and discipline by clicking on the drop-down menu under Block 16 and choosing **one** of the following options:

- Nursing - CNL - Generalist
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Nursing Informatics
- Other - Midwife

- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Other advanced nurse specialists
- Nursing - Nurse administrator
- Nursing - Nurse midwife
- Nursing - PhD - Leadership
- Student - Registered Nurse - BSN

- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse Researchers/Scientists
- Nursing - Public health nurse
- Student - Registered Nurse - RN to BSN completion

Note: For students in the BSN program, use the student selection. For faculty, select their profession and discipline.

IND-GEN - Entering Training Information in a Primary Care Setting

⚠️ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Trainee Unique ID	Training in a Primary Care Setting	Training in a Medically Underserved Area	Training in a Rural Area
	Select Whether Individual Received Training	Select Whether Individual Received Training	Select Whether Individual Received Training
(2) Block 1	(28) Block 17	(31) Block 18	(33) Block 19

Figure 30. IND-GEN - Entering Training Information in a Primary Care Setting

Training in a Primary Care Setting: Select Whether Individual Received Training: Select whether each student received experiential training in a primary care setting during the semiannual reporting period by clicking on the drop-down menu under Block 17 and choosing **one** of the following options:

- Yes
- No
- N/A

⚠️ **Warning: Select "N/A" in the drop-down menu under Block 17 for faculty.**

IND-GEN - Entering Training Information in a Medically Underserved Area

⚠ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Type of Training Program	Trainee Unique ID	Training in a Primary Care Setting	Training in a Medically Underserved Area	Training in a Rural Area
		Select Whether Individual Received Training	Select Whether Individual Received Training	Select Whether Individual Received Training
(1)	(2) Block 1	(28) Block 17	(31) Block 18	(33) Block 19

Figure 31. IND-GEN - Entering Training Information in a Medically Underserved Area

Training in a Medically Underserved Area: Select Whether Individual Received Training: Select whether each student received experiential training in a medically underserved community (MUC) during the semiannual reporting period by clicking on the drop-down menu under Block 18 and choosing **one** of the following options:

- Yes
- No
- N/A

⚠ **Warning: Select "N/A" in the drop-down menu under Block 18 for faculty.**

IND-GEN - Entering Training Information in a Rural Area

⚠️ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Type of Training Program	Trainee Unique ID	Training in a Primary Care Setting	Training in a Medically Underserved Area	Training in a Rural Area
		Select Whether Individual Received Training	Select Whether Individual Received Training	Select Whether Individual Received Training
(1)	(2) Block 1	(28) Block 17	(31) Block 18	(33) Block 19

Figure 32. IND-GEN - Entering Training Information in a Rural Area

Training in a Rural Area: Select Whether Individual Received Training: Select whether each student received experiential training in a rural area during the semiannual reporting period by clicking on the drop-down menu under Block 19 and choosing **one** of the following options:

- Yes
- No
- N/A

⚠️ **Warning: Select "N/A" in the drop-down menu under Block 19 for faculty.**

IND-GEN - Selecting Whether Individual Left the Program Before Completion

Figure 33. IND-GEN - Selecting Whether Individual Left the Program Before Completion

Select Whether Individual Left the Program Before Completion: Select whether each individual permanently left the degree program or faculty development program before completion during the semiannual reporting period by clicking on the drop-down menu under Block 21 and choosing **one** of the following options:

- Yes
- No

IND-GEN - Entering Graduation/Completion Information

⚠ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Type of Training Program	Trainee Unique ID	Select Whether Individual Left the Program Before Completion	Select Whether Individual Graduated/Completed the Program	Select Degree Earned	Select Individual's Post-Graduation/Completion Intentions
(1)	(2) Block 1	(36) Block 21	(37) Block 22	(38) Block 22a	(39) Block 22b
			Select one Yes No		

Figure 34. IND-GEN - Entering Graduation/Completion Information

Select Whether Individual Graduated/Completed the Program: Select whether each individual completed the degree program or faculty development program during the semiannual reporting period by clicking on the drop-down menu under Block 22 and choosing **one** of the following options:

- Yes
- No

Select Degree Earned: If a student graduated from their degree program during the semiannual reporting period, select the type of degree earned through the program by clicking on the drop-down menu under Block 22a and choosing **one** of the options listed below.
If a student did not graduate during the semiannual reporting period or is a faculty member, select "N/A" under Block 22a.

- BSN
- N/A

Select Individual's Post-Graduation/Completion Intentions: If a student graduated from their degree program during the semiannual reporting period, select the student's training or employment intentions by clicking on the drop-down menu under Block 22b and choosing **all that apply** from the options listed below.
If a student did not graduate during the semiannual reporting period or is a faculty member, select "N/A" under Block 22b.

- Individual intends to apply to an advanced nursing degree program
- Individual intends to practice in a primary care setting
- None of the above
- N/A

- Individual intends to practice in a medically underserved area
- Individual intends to practice in a rural area
- Not Reported

IND-GEN - Entering the % FTE Individual Spent in Different Roles

Enter the % FTE Individual Spent on the Following Roles				Enter # of Articles Published in Peer-Reviewed Journals
Research	Teaching	Administration	Clinical	
(40) Block 24a	(41) Block 24b	(42) Block 24c	(43) Block 24d	(44) Block 25

Figure 35. IND-GEN - Entering the % FTE Individual Spent in Different Roles

Enter the % FTE Individual Spent on the Following Roles: Research: Enter the **percentage of time** each faculty spent in 'Research' during the semiannual reporting period in Column 40 (Block 24a).

Enter the % FTE Individual Spent on the Following Roles: Teaching: Enter the **percentage of time** each faculty spent in 'Teaching' during the semiannual reporting period in Column 41 (Block 24b).

Enter the % FTE Individual Spent on the Following Roles: Administration: Enter the **percentage of time** each faculty spent in 'Administration' during the semiannual reporting period in Column 42 (Block 24c).

Enter the % FTE Individual Spent on the Following Roles: Clinical: Enter the **percentage of time** each faculty spent in 'Clinical' during the semiannual reporting period in Column 43 (Block 24d).

Note: For students, enter '0' under each Block 24. For faculty, the percentage time in all four faculty areas must total 100%.

IND-GEN - Entering # of Articles Published

Enter the % FTE Individual Spent on the Following Roles				Enter # of Articles Published in Peer-Reviewed Journals
Research	Teaching	Administration	Clinical	
(40) Block 24a	(41) Block 24b	(42) Block 24c	(43) Block 24d	(44) Block 25

Figure 36. IND-GEN - Entering # of Articles Published

Enter # of Articles Published in Peer-Reviewed Journals: Enter the number of articles published by each faculty in peer-reviewed journals during the semiannual reporting period in the textbox under Block 25.

Note: For students, enter '0' under Block 25.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

INDGEN-GPC: Prior Period Graduates

INDGEN-GPC - Log of Prior Period Graduates

No.	Record Status	Type of Training Program (1)	Trainee Unique ID (2)	Select Individual's Training or Awardee Category (3) Block 1	Select Individual's Enrollment / Employment Status (4) Block 2	Select Individual's Sex (5) Block 3	Select Individual's Age (6) Block 4	Select Individual's Ethnicity (7) Block 5	Select Individual's Race (8) Block 6	Select Whether Individual is from a Rural Residential Background (9) Block 7	Select Whether Individual is from a Disadvantaged Background (10) Block 8	Select Degree Earned (11) Block 9	Select Individual's Post-Graduation/Completion Intentions (12) Block 22a
													Block 22b
							No records to display.						

Figure 37. INDGEN-GPC - Log of Prior Period Graduates

Records for each student and community provider who was marked as having completed their degree program or faculty development program by **June 30, 2015** will appear in the INDGEN-GPC subform. At this time, there are no action is necessary other than reviewing each record for accuracy.

Note: This form is view only one and students marked as graduated during the last reporting period will be prepopulated here. Kindly check data for accuracy.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

INDGEN-PY: Individual Prior Year

INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Type of Training Program	Trainee Unique ID	Select Individual's Post-Graduation/Completion Intentions	Select whether status/employment data are available for the individual 1-year post graduation/completion	Select Individual's Current Training/Employment Status
(1)	(2) Block 1	(12) Block 22b	(13) Block 23	(14) Block 23a

Figure 38. INDGEN-PY - Entering Employment Data 1-year Post Graduation/Completion

Grayed fields are provided here for identification purposes only.

Select whether status/employment data are available for the individual 1-year post graduation/completion: Select whether current employment data are available for each student who received a BHW-funded financial award and completed their degree one year prior to this report by clicking on the drop-down menu under Block 23 and choosing **one** of the following options:

- Yes
- No

Select Individual's Current Training/Employment Status: If "Yes" was selected in Block 23, choose each former student's current employment location by clicking on the drop-down menu under Block 23a choosing **all that apply** from the options listed below.
If "No" was selected in Block 23, choose "N/A" in Block 23a.

- Individual applied and was accepted into an advanced nursing degree program
- Individual applied to an advanced nursing degree program and has not yet received acceptance
- Individual currently practices in a primary care setting
- None of the above
- N/A

- Individual applied but was not accepted into a nursing program
- Individual currently practices in a medically underserved area
- Individual currently practices in a rural area
- Not Reported

Note: Repeat these steps for all rows in the INDGEN-PY table and enter selections for all blank fields under Blocks 23 and 23a.

Note: This form will not be completed by Grantees during this reporting period.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Experiential Characteristics—EXP Subforms
EXP - Introduction

Notice to Grantees about Forms Pertaining to Training Sites
The EXP-1 and EXP-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of training sites used in previous reporting periods. **Please read the following instructions carefully to ensure the EXP-1 and EXP-2 subforms are completed accurately. You must complete and 'Save and Validate' EXP-1 first before proceeding to EXP-2. Likewise, you must complete and then 'Save and Validate' EXP-2 before proceeding to EXP-3.**
For training sites that have been reported in a previous reporting period:

- The BPMH system will prepopulate the names of all sites ever reported in the Saved Records Table within the EXP-1 subform and mark these records as "Prior Record".
- You must select whether a particular site that was previously reported was used during this reporting period in the EXP-1 subform.
- **If "Yes" was selected,** the BPMH system will prepopulate certain blocks in the EXP-2 subform and display it as an option in the EXP-3 subform.
- **If "No" was selected**, the BPMH system will not include the site as an option in the EXP-2 and EXP-3 subforms.

⚠ **Warning: Complete the EXP-1, EXP-2 and EXP-3 subforms only for sites used associated with nursing clinical training related to the degree programs.**

EXP-1: Training Site Setup

EXP-1 - Entering Site Name

⚠ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Figure 39. EXP-1 - Entering Site Name

Site Name:

- **For new records**, enter the name of the site used to train students during the semiannual reporting period in the textbox next to the row labeled "Enter the Site's Name".
- Next, click on the "Add Record" button to save your entry. **Repeat the process as necessary to capture the names of each site used during the semiannual reporting period.**

EXP-1 - Selecting Whether the Site was Used in the Current Period

Figure 40. EXP-1 - Selecting Whether the Site was Used in the Current Period

Select Whether the Site was Used in the Current Reporting Period: For all records, select whether each site was used during the semiannual reporting period by clicking on the drop-down menu located under the column labeled "Select Whether Site Was used in the Current Reporting Period" and choosing **one** of the following options:

- Yes
- No

⚠ **Warning: For new records, you must select "Yes" under the column labeled "Select Whether Site Was used in the Current Reporting Period".**

⚠ **Warning: If "No" is selected under the column labeled "Select Whether Site Was used in the Current Reporting Period" for a prior record, then you do not have to complete the EXP-2 and EXP-3 subform for this record.**

💡 *Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

💡 **To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

EXP-2: Training Site Characteristics

EXP-2 - Selecting Training Program and Site Name

⚠ **Warning: EXP-1 must be completed and validated prior to beginning EXP-2. You may delete pre-populated prior records in this form if they are no longer applicable.**

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4

Figure 41. EXP-2 - Selecting Training Program and Site Name

Type of Training Program: To begin completing the EXP-2 subform, select the training program associated with each site by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

Site Name: Pair the selected training program with a site name by clicking on the drop-down menu in Column 2 (Block 1) and choosing **one** of the available options (sites that were marked in EXP-1 as "used" in the current semiannual reporting period).

⚠ **Warning: Sites used for each training program must be reported separately. If the same site was used for multiple training programs, then multiple entries are required in the EXP-2 subform.**

💡 *Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.*

💡 *Note: **Repeat this process** until all used Training Program/Site combinations are present.*

Example: The John Doe School of Nursing saved two 2 entries in the Training Program Setup form. Under "Type of Training Program", the reporting official at the John Doe School of Nursing would see the following options:

- Degree/Diploma program | BSN | Nursing—Generalist
- Degree/Diploma program | BSN | Nursing—RN to BSN completion

EXP-2 - Selecting Type of Site Used

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
		FQHC or look - alike Federal and State Bureau of Prisons Hospice			

Figure 42. EXP-2 - Selecting Type of Site Used

Select Type of Site Used: Select the type of site used to train students during the semiannual reporting period by clicking on the drop-down menu under Block 1a and choosing from **one** of the following options:

- Academic institution
- Aerospace operations setting
- Community - based organization
- Community Mental Health Center
- Dentist Office
- Federal and State Bureau of Prisons
- Hospice
- Indian Health Service (IHS) site
- Local health department
- National health association
- Other
- Physician Office
- Rural Health Clinic
- Specialty clinics (e.g., mental health practice, rehabilitation, substance abuse clinic)
- Surgery Clinic
- Veterans Affairs Healthcare (e.g., VA

- Acute Care for the Elderly (ACE) Units
- Ambulatory practice sites
- Community care programs for elderly mentally challenged individuals
- Critical Access Hospital
- Emergency Room
- Federal Government Office or Agency
- Hospital
- International nonprofit/nongovernmental organization
- Long - term Care Facility
- Nurse Managed Health Clinics
- Other community health center (e.g.; free clinic)
- Program of All Inclusive Care for the Elderly
- School - based clinic
- State Government Office or Agency

- Acute care services
- Assisted Living Community
- Community Health Center (CHC)
- Day and home care programs (e.g., Home Health)
- Extended care facilities
- FQHC or look - alike
- Independent Living Facility
- Local Government Office or Agency
- Mobile Clinic/Site
- Nursing Home
- Other Oral Health Facility
- Residential Living Facility
- Senior Centers
- State Health Department

Hospital or clinic)

- Tribal Health Department

- Tribal Organization

EXP-2 - Selecting Type of Setting Where the Site was Located

Type of Training Program	Site Name	Select Type of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
			⌄		
			☐ Medically underserved co		

Figure 43. EXP-2 - Selecting Type of Setting Where the Site was Located

Select Type of Setting Where the Site was Located: Select whether each site used to train students during the semiannual reporting period was located in a designated setting by clicking on the drop-down menu under Block 2 and choosing **all that apply** from of the following options:

- Medically underserved community
- Primary Care Setting
- Rural area
- None of the above

⚠ **Warning: "None of the above" cannot be selected in combination with any other option.**

💡 *Note: To determine whether a site is located in a medically underserved community, please visit HRSA's Office of Shortage Designation at http://datawarehouse.hrsa.gov/GeoAdvisor/ShortageDesignationAdvisor.aspx*

💡 *Note: To determine whether a site is located in a rural area, please visit HRSA's Office of Rural Health Policy at http://datawarehouse.hrsa.gov/RuralAdvisor/ruralhealthadvisor.aspx*

💡 *Note: This Block will prepopulate for prior records with data submitted in previous reporting periods.*

EXP-2 - Selecting Type(s) of Partners/Consortia

Type of Training Program	Site Name	ype of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
				▾	
				☐ Academic department	
				☐ Academic department	

Figure 44. EXP-2 - Selecting Type(s) of Partners/Consortia

Select Type(s) of Partners/Consortia used to Offer Training at this Site: Select the type(s) of partnerships or consortia used or established for the purpose of training students at each site during the semiannual reporting period by clicking on the drop-down menu under Block 5 and choosing **all that apply** from the following options:

- Academic department - outside the institution
- Alzheimer's Disease Resource Centers
- Community - based health center (e.g.; free clinic)
- Day and home care programs (i.e. Home Health)
- Federal Government - Veterans Affairs
- Federal Government - AHRQ
- Federal Government - IHS
- Federal Government - Other HHS Agency/Office
- Geriatric ambulatory care and comprehensive units
- Health department - Local
- Health disparities research center
- Hospital

- Academic department - within the institution
- Ambulatory practice sites
- Community Health Center (CHC)
- Educational institution (Grades K - 12)
- Federal Government - Other HRSA Program
- Federal Government - CDC
- Federal Government - NIH
- Federal Government - SAMHSA
- Geriatric Behavioral or Mental Health Units
- Health department - State
- Health policy center
- Local Government
- Nonprofit organization (non - faith based)

- Alzheimer's Association/Chapters
- Area Agencies on Aging
- Community Mental Health Center
- Extended care facilities
- Federal Government - ACL
- Federal Government - FDA
- Federal Government - Other
- FQHC or look - alike
- Geriatric consultation services
- Health department - Tribal
- Hospice
- Long-term care facility
- Nurse Managed Health Clinics
- Physical therapy/Rehabilitation center
- Quality improvement organization

- Nonprofit organization (faith - based)
- Nursing home
- Private/For - profit organization
- Senior Center
- Tribal Organization

- Other
- Professional Associations
- State Governmental Programs
- No partners/consortia used

- Tribal Government

Warning: You may not select "No partners/consortia used" in combination with any other option.

EXP-2 - Selecting Type(s) of Vulnerable Population

Type of Training Program	Site Name	ype of Site Used	Select Type of Setting Where the Site was Located	Select Type(s) of Partners/Consortia used to Offer Training at this Site	Select Type(s) of Vulnerable Population Served at this Site
(1)	(2) Block 1	(3) Block 1a	(4) Block 2	(5) Block 5	(7) Block 4
					☐ Adolescents
					☐ Children

Figure 45. EXP-2 - Selecting Type(s) of Vulnerable Population

Select Type(s) of Vulnerable Population Served at this Site: Select the type(s) of vulnerable populations served at each site used to train students during the semiannual reporting period by clicking on the drop-down menu under Block 4 and choosing **all that apply** from the following options:

- Adolescents
- College Residents
- Individuals with mental illness or substance use disorders
- Migrant workers
- People with disabilities
- Returning war veterans (Iraq or Afghanistan)
- Unemployed
- Victims of abuse or trauma

- Children
- Homeless individuals
- Lesbian/Gay/Bisexual/Transgender
- Military and/or military families
- Pregnant women and infants
- Tribal Population
- Uninsured/Underinsured persons/families
- None of the above

- Chronically ill
- Individuals with HIV/AIDS
- Low income persons/families
- Older adults
- Refugee Adults
- Undocumented Immigrants
- Veterans

⚠ **Warning: You may not select "None of the above" in combination with any other option.**

💡 **To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

EXP-3: Experiential Characteristics - Trainees by Profession/Discipline

EXP-3 - Selecting Training Program and Site Name

⚠ **Warning: EXP-2 must be completed and validated before completing EXP-3. Please read instructions carefully. EXP-3 will appear blank; however, drop-down selections will populate with your completed EXP-2 training sites.**

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3

Figure 46. EXP-3 - Selecting Training Program and Site Name

Type of Training Program: To begin completing the EXP-3 subform, select a training program by clicking on the drop-down menu under "Type of Training Program" and choosing **one** of the available options.

Site Name: Next, select a site name by clicking on the drop-down menu under Block 1 and choosing **one** of the available options.

💡 *Note: The options available under "Type of Training Program" will prepopulate with information entered and saved in the Training Program Setup Form.*

💡 *Note: The options available under Block 1 will prepopulate with information entered and saved in the EXP-1 subform.*

💡 *Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

EXP-3 - Selecting Profession and Discipline of Individuals Trained

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3
		Select one	
		Student - CNL - Generalist	
		Student - CNS - Adult gerontology	
		Student - CNS - Family	

Figure 47. EXP-3 - Selecting Profession and Discipline of Individuals Trained

Select Profession and Discipline of Individuals Trained: Select the profession and discipline of students trained at each site during the semiannual reporting period by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Nursing - BSN - Generalist
- Nursing - BSN - RN to BSN completion

EXP-3 - Entering # Trained in the Profession and Discipline

Type of Training Program	Site Name	Select Profession and Discipline of Individuals Trained	Enter # Trained in this Profession and Discipline
(1)	(2) Block 1	(3) Block 3	(4) Block 3

Figure 48. EXP-3 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: To complete the EXP-3 subform, enter the number of students in the profession and discipline selected in the previous step who were trained at each clinical site during the semiannual reporting period in the textbox under Column #4.

Note: Counts provided in the textbox under Block 3 should be based on individuals reported on IND-GEN.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Course Development and Enhancement—CDE Subforms
CDE - Introduction

Notice to Grantees about Forms Pertaining to Course Development & Enhancement Activities
The CDE-1 and CDE-2 subforms have been enhanced to prepopulate specific information about the names and characteristics of courses or other training activities that have been developed or enhanced using BHW funds and were reported previously. **Please read the following instructions carefully to ensure the CDE-1 and CDE-2 subforms are completed accurately.**
For courses or other training activities that were reported previously and marked as "Under Development" or "Developed, but Not Yet Implemented":

- The BPMH system will prepopulate the certain Blocks in the CDE-1 subform. **Please note that all other Blocks must be updated on a semiannual basis until the course or training activity is marked as "Implemented".**
  For courses or other training activities that were reported previously and marked as "Implemented":

- The BPMH system will transfer these records to the new CDE-1a subform.

- The only action required in this subform is to select whether the course or training activity previously implemented was also offered during this semiannual reporting period.

 Warning: CDE-1 and CDE-1a forms must be completed and validated prior to beginning the CDE-2 form.

CDE-1: Course Development and Enhancement - Course Information

CDE-1 - Setup

To begin providing data about courses and other training activities that have been developed or enhanced through the grant **or to provide updates on previously reported activities**, click "Yes" to the initial setup question. Clicking "Yes" will activate the embedded Excel® form that will allow you to begin data entry.

Figure 49. CDE-1 - Setup

⚠ **Warning: If you have used the CDE form before, this answer is pre-selected 'Yes' for you. You do not need to answer this question again. Please move ahead to the CDE form by using the form list located on the left side of your screen.**

⚠ **Warning: Both CDE-1 and CDE-1a must be completed and validated prior to beginning CDE-2. If you reach the CDE-2 form, and no drop-down selections appear, you have not validated both CDE-1 and CDE-1a subforms.**

CDE-1 - Entering the Name of Course/Training Activity

⚠️ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Figure 50. CDE-1 - Entering the Name of Course/Training Activity

Name of Course or Training Activity: To begin completing the CDE-1 subform, enter the name of each course or training activity that was developed or enhanced through the grant at any point during the entire project period.

Next, click the "Add Record" button to save your entry. **Repeat this process to enter each course or training activity that was developed or enhanced through the grant separately.**

⚠️ **Warning: Complete the CDE-1 Setup form only if grant funds were used to develop or enhance courses or training activities other than those previously reported. You do not need to reenter information about courses or training activities previously reported.**

💡 *Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.*

CDE-1 - Selecting Type of Course or Training Activity

Figure 51. CDE-1 - Selecting Type of Course or Training Activity

Select Type of Course or Training Activity: To begin completing the CDE-1 subform for **new records**, select the type of course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Block 2 and choosing **one** of the following options:

- Academic course
- Continuing Education courses
- Field placement/practicum
- Training/Workshop for health professions students, fellows or residents

- Clinical rotation
- Faculty development programs or activities
- Grand rounds

Note: If you need to delete a new record for any reason, simply click on "Delete" under the column labeled "Options".

Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.

CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Figure 52. CDE-1 - Selecting whether Course was Newly Developed or Enhanced

Select whether Course or Training Activity was Newly Developed or Enhanced: For new records, select whether each course or training activity identified under Block 1 was newly developed or was enhanced by clicking on the drop-down menu under Block 3 and choosing **one** of the following options:

- Enhanced
- Newly developed

 Note:

- *Select 'Newly Developed' for courses or training activities that were not in existence and were developed in their entirety through the grant.*
- *Select 'Enhanced' for courses or training activities that were in existence prior to the grant and were modified or restructured through the grant.*

 Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.

CDE-1 - Entering Development/Enhancement Status

⚠ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Name of Course or Training Activity (1) Block 1	Select Type of Course or Training Activity (2) Block 2	Select whether Course or Training Activity was Newly Developed or Enhanced (3) Block 3	Select Status of Development or Enhancements (4) Block 4	For Courses or Training Activities Implemented, Enter Academic Year of First Implementation	
				From Year (5) Block 4a	To Year (6) Block 4a
Course 1	Select one ▾	Select one ▾	Select one ▾		
			Select one Under development		

Figure 53. CDE-1 - Entering Development/Enhancement Status

Select Status of Development or Enhancements: For all records, select each course or training activity's current status by clicking on the drop-down menu under Block 4 and choosing **one** of the following options:

- Developed, not yet implemented
- Implemented
- Under development

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: From Year:

- **For records marked as "Implemented"** in Block 4, enter the academic start year that each course or training activity that was developed or enhanced through the grant was first implemented in the textbox under Column 5 (Block 4a) using the YYYY format.
- **For records marked as "Under Development" or "Developed, not yet implemented"**, enter N/A.

For Courses or Training Activities Implemented, Enter Academic Year of First Implementation: To Year:

- **For records marked as "Implemented"** in Block 4, enter the academic end year that each course or training activity that was developed or enhanced through the grant was first implemented in the textbox under Column 6 (Block 4a) using the YYYY format.
- **For records marked as "Under Development" or "Developed, not yet implemented"**, enter N/A.

Note: For prior records, this field will be editable from the previous reporting period.

CDE-1 - Entering Curriculum

Figure 54. CDE-1 - Entering Curriculum

Enter the Curriculum the Course or Training Activity is Associated With: For new records, enter the name of the curriculum associated with each course or training activity that was developed or enhanced through the grant in the textbox under Block 5.

Note: If the course or training activity that was developed or enhanced is not associated with a specific curriculum, enter "N/A".

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.

CDE-1 - Selecting Delivery Mode

Figure 55. CDE-1 - Selecting Delivery Mode

Select Delivery Mode Used to Offer this Course or Training Activity: Select the primary mode used to deliver each course or training activity that was developed or enhanced through the grant by clicking on the drop-down menu under Block 6 and choosing **one** of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Grand rounds

- Clinical Rotation
- Experiential/Field-based
- Hybrid

Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.

CDE-1 - Selecting EXP-1 Site Name Where Implemented

Figure 56. CDE-1 - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:
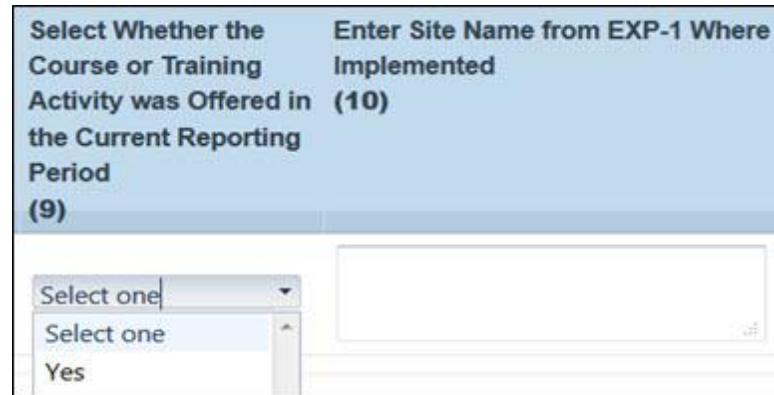
- **If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was implemented during the semiannual reporting period,** enter the name(s) of the site(s) where the activity took place in the textbox under Column #9. The name(s) of the site(s) where the activity was implemented must come from the list of clinical sites displayed in the EXP-1 subform.

- **For all other records**, enter "N/A" in the textbox under Column #9.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

CDE-1a: Course Development and Enhancement - Log of Courses/Training Activities Implemented

CDE-1a - Selecting Whether the Course was Offered in the Current Period

Figure 57. CDE-1a - Selecting Whether the Course was Offered in the Current Period

Select Whether the Course or Training Activity was Offered in the Current Reporting Period: To begin completing the CDE-1a subform, select whether a particular course or training activity previously implemented was also offered during the semiannual reporting period by clicking on the drop-down menu under the column labeled "Select Whether Course or Training Activity was Offered During Current Reporting Period" and choosing **one** of the following options:

- Yes
- No

⚠ **Warning: If "No" was selected in the CDE-1a subform, the name of the course or training activity previously implemented will not display as an option in the CDE-2 subform.**

CDE-1a - Selecting EXP-1 Site Name Where Implemented

Figure 58. CDE-1a - Selecting EXP-1 Site Name Where Implemented

Enter Site Name from EXP-1 Where Implemented:

- **If the course or training activity developed or enhanced through the grant was a clinical rotation, field placement/practicum or grand round and the activity was offered during the semiannual reporting period**, enter the name(s) of the site(s) where the activity took place in the textbox under Column #9. The name(s) of the site(s) where the activity was implemented must come from the list of clinical sites displayed in the EXP-1 subform.

- **For all other records**, enter "N/A" in the textbox under Column #9.

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

CDE-2 - Adding Courses and Profession/Disciplines

⚠️ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

⚠️ **Warning: CDE-1 and CDE-1a forms must be completed and validated prior to beginning the CDE-2 form.**

Figure 59. CDE-2 - Adding Courses and Profession/Disciplines

Name of Course or Training Activity: To begin completing the CDE-2 subform for **academic courses or workshops for health professions students offered during the semiannual reporting period**, select the name of a course by clicking on the drop-down menu next to "Name of Course or Training Activity" and choosing one of the available options.

Profession and Discipline of Individuals Trained: Next, select the profession(s) and discipline(s) of individuals trained through each course or workshop offered during the semiannual reporting period by choosing **all that apply** from the options listed below.
Click on the "Add Record" button to save your entry. **Repeat this process to capture the profession and discipline of all individuals trained in each course or workshop offered during the semiannual reporting period.**

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Endodontic Dentistry
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry
- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Dental Hygiene
- Dentistry - General Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - Dental Hygiene/Public Health
- Dentistry - General Dentistry/Public Health
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry

- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Public health nurse
- Other - Audiology
- Other - Direct Service Worker
- Other - Health Education Specialist
- Other - Medical Assistant
- Other - Midwife (non - nurse)
- Other - Pharmacy

- Dentistry - Public Health Dentistry
- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Registered Nurse
- Other - Chiropractic
- Other - Facility Administrator
- Other - Health Informatics/Health Information Technology

- Medicine - Anesthesiology
- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Researcher/Scientist
- Other - Community Health Worker
- Other - First Responder/EMT
- Other - Lay and Family Caregiver
- Other - Midwife
- Other - Optometry
- Other - Profession Not Listed

- Other - Radiologic technology
- Other - Speech Pathology
- Other – Occupational Therapy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Student - Certified Nursing Assistant
- Student - Alternative/Complementary Nursing
- Student - CNS - Family
- Student - CNS - Women's health
- Student - Dental School
- Student - Graduate - Nursing Masters
- Student - Graduate - Psychology
- Student - Home Health Aide
- Student - NP - Acute care adult gerontology
- Student - NP - Geropsychiatric
- Student - NP - Women's health
- Student - RN to BSN completion

- Other - Medical Laboratory Technology
- Other - Office/Support Staff
- Other - Podiatry
- Other - Registered Dietician
- Other - Unknown
- Other – Physical Therapy
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention
- Student - Chiropractic School
- Student - BSN Generalist
- Student - CNS - Geropsychiatric
- Student - Dental Assistant
- Student - Diploma/Certificate
- Student - Graduate - Other
- Student - Graduate - Public Health
- Student - Licensed Practical/Vocational Nurse (LPN/LVN)
- Student - NP - Adult gerontology
- Student - NP - Other advanced nurse specialists
- Student - Physician Assistant
- Student - Undergraduate - Other

- Other - Respiratory Therapy
- Other - Veterinary Medicine
- Other – Speech Therapy
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management
- Public Health - Social & Behavioral Sciences
- Student - Podiatry School
- Student - CNS - Adult gerontology
- Student - CNS - Psychiatric/Mental health
- Student - Dental Hygiene
- Student - Graduate - Nursing Doctorate
- Student - Graduate - Other Behavioral Health
- Student - Graduate - Social Work
- Student - Medical School
- Student - NP - Family
- Student - NP - Psychiatric/Mental health
- Student - Post - high school / Pre - college
- Student - Undergraduate - Public Health

Note: Only the names of courses that were marked as "Implemented" in the CDE-1 subform (for new records) or marked as "Offered" in the CDE-1a subform (for previous records) will appear as options in the drop-down menu.

Note: To view data submitted in the previous reporting period, click on the "View Prior Period Data" link on top of the form.

CDE-2 - Entering # Trained in the Profession and Discipline

Figure 60. CDE-2 - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of individuals trained from that profession and discipline in the textbox under Column 3 (Block 7). **Repeat this step as many times as necessary to capture the total number of individuals by profession and discipline who were trained in each course or workshop offered during the semiannual reporting period.**

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Faculty Development, Instruction, and Recruitment—FD Subforms

FD - Introduction

Notice to Grantees about Forms Pertaining to Faculty Development
The FD-1a and FD-1b subforms have been enhanced to prepopulate specific information about the names and characteristics of structured faculty development programs reported previously. **Please read the following instructions carefully to ensure the FD-1a and FD-1b subforms are completed accurately.**
For structured faculty development programs reported previously: The BPMH system will prepopulate the certain Blocks in the FD-1a subform.

⚠ **Warning: Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported and still ongoing. To provide updates for these programs, go to FD-1a Step 2. Once a program has been completed, it will need to be re-entered as a new record if the program is run again with a new cohort.**

FD-1a: Faculty Development - Structured Faculty Development Training Programs

FD-1a - Adding Structured Faculty Development Programs

⚠ **Warning:** The FD-1a and FD-1b subforms will only appear if "Structured Faculty Development Training Program" was selected in the Faculty Development Setup form.

⚠ **Warning:** Multiple steps are required to complete this portion of the subform. Please read instructions carefully.

Figure 61. FD-1a - Adding Structured Faculty Development Programs

Program Name:

- o To begin completing the FD-1a subform **for new records**, enter the name of each structured faculty development program coordinated and/or supported through the grant during the semiannual reporting period.
- o Next, click the "Add Record" button to save your entry. **Repeat this process to enter each faculty development program that was coordinated and/or supported through the grant during the semiannual reporting period.**

⚠ **Warning:** Complete the FD-1a Setup form only if grant funds were used to support structured faculty development programs other than those previously reported. You do not need to reenter information about structured faculty development programs previously reported. To provide updates for these programs, skip to the instructions for the next step.

💡 *Note: If an entry needs to be deleted for any reason, simply click on "Delete" under the column labeled "Options".*

Example: The John Doe School of Nursing used BHW funds to support TeamSTEPPS training for ten (10) faculty members. In the first semester, the school used grant funds to pay for the costs of training three (3) faculty members. In the second semester, the school used grant funds to pay for the

costs of training an additional seven (7) faculty members.

Since each faculty development program supported through the grant must be reported separately, the John Doe School of Nursing would have 2 entries—TeamSTEPPS #1 and TeamSTEPPS #2 (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-1a and FD-1b subforms for each of these programs.

FD-1a - Selecting Program Status

Figure 62. FD-1a - Selecting Program Status

Select Program Status in the Current Reporting Period: For all records, select the status of each structured faculty development program at the end of the semiannual reporting period by clicking on the drop-down menu under Block 1a and choosing **one** of the following options:

- Complete
- Ongoing

⚠ **Warning: If no additional structured faculty development programs were supported through the grant during the semiannual reporting period other than those previously reported, skip to the step named "FD-1a — Entering # of Faculty Who Completed the Program".**

💡 *Note:*

- *Select 'Ongoing' if the training program did not conclude by **June 30, 2015**.*
- *Select 'Complete' if the training program concluded at some point during the semiannual reporting period (i.e. **January 01, 2015 - June 30, 2015**).*

FD-1a - Entering Program Information for Degree/Non-Degree Programs

⚠ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Figure 63. FD-1a - Entering Program Information for Degree/Non-Degree Programs

Select Whether this was a Degree Bearing Program: To complete Block 2 for new records, select whether each faculty development training program that was supported through the grant during the reporting period culminates in awarding participants with a professional certificate or academic degree by clicking on the drop-down menu and choosing **one** of the following options:

- Yes
- No

For Degree-bearing Programs: Select Type of Degree Offered: If 'Yes' was selected for Block 2, select the type of degree that participants will earn when completing each program by clicking on the drop-down menu under Block 2a and choosing **one** of the options listed below. **If 'No' was selected for Block 2,** select 'N/A'.

- BA
- BS
- Certificate

- BCHS
- BSN
- DC

- BPH
- BSW
- DDS

- DDS/MPH
- DMD
- DO
- DO/MSPH
- DrPH
- MA
- MCHS
- MD/MPH
- MD/ScD
- MHS
- MMS/MPH
- MPAP
- MPAS/MPH
- MPH
- MSCR
- MSN/MBA
- MSPAS
- MSW
- PhD
- ScD

- DDS/MSPH
- DMD/MPH
- DO/DrPH
- DO/ScD
- DVM
- Master's Degree Not Otherwise Specified
- MD
- MD/MSPH
- MEd
- MMS
- MMS/MSPH
- MPAS
- MPAS/MSPH
- MS
- MSHS
- MSN/MHA
- MSPH
- No Degree Earned
- Post-Masters Certificate
- N/A

- Diploma
- DMD/MSPH
- DO/MPH
- Doctoral Degree Not Otherwise Specified
- Joint Degrees not otherwise specified
- MBA
- MD/DrPH
- MD/PhD
- MHA
- MMS/DrPH
- MMS/ScD
- MPAS/DrPH
- MPAS/ScD
- MS-CTS
- MSN
- MSN/MPH
- MSSW
- PharmD
- PsyD

For Degree-bearing Programs: Select Primary Focus Area: If a faculty development program will culminate in awarding participants with an academic degree in dentistry, nursing, or public health, select the degree's focus area by clicking on the drop-down menu under Block 2b and choosing **one** of the options listed below. **If 'No' was selected for Block 2,** select 'N/A'.

- Nursing - Clinical Research
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Leadership
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health

- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care

- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Education
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family

- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Other advanced nurse specialty
- Nursing - Nurse Administrator
- Nursing - Nurse Midwife
- Nursing - Public Health Nurse
- N/A

- Nursing - NP - Geropsychiatric
- Nursing - NP - Pediatrics
- Nursing - Nurse Anesthetist
- Nursing - Nurse Researchers/Scientists
- Other - Midwife

- Nursing - NP - Neonatal
- Nursing - NP - Women's health
- Nursing - Nurse Educator
- Nursing - Nursing Informatics
- Other Focus Area

For Non-Degree Bearing Program, Enter Length of Training Program in Clock Hours: If 'Yes' was selected for Block 2, enter "0" in Block 3. **If 'No' was selected for Block 2,** enter the length of each program in clock hours in the textbox under Block 3.

Note: These Blocks will be prepopulated for prior records based on data submitted in the previous reporting period.

FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

⚠️ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Figure 64. FD-1a - Entering % of Time Spent Developing Competencies in Different Roles

Enter the % of Time Spent Developing Competencies for the Following Roles: Clinician: Enter the percentage of time spent in each faculty development program developing competencies associated with the 'Clinician' role (Column #6).

Enter the % of Time Spent Developing Competencies for the Following Roles: Administrator: Enter the percentage of time spent in each faculty development program developing competencies associated with the 'Administrator' role (Column #7).

Enter the % of Time Spent Developing Competencies for the Following Roles: Educator: Enter the percentage of time spent in each faculty development program developing competencies associated with the 'Educator' role (Column #8).

Enter the % of Time Spent Developing Competencies for the Following Roles: Researcher: Enter the percentage of time spent in each faculty development program developing competencies associated with the 'Researcher' role (Column #9).

💡 *Note: Percentages of time spent across the four roles must sum up to 100%.*

Note: These Blocks will prepopulate for prior records with data submitted in the previous reporting period.

FD-1a - Entering # of Faculty Who Completed the Program

Figure 65. FD-1a - Entering # of Faculty Who Completed the Program

Enter # of Faculty Who Completed the Program: For structured training programs marked as "Complete" in Block 1a, enter the number of faculty who completed each program during the semiannual reporting period in the textbox under Block 6.

Note: If a structured faculty development program was marked as "Ongoing" in Block 1a, enter "0" in the textbox under Block 6.

FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

Figure 66. FD-1a - Selecting whether Faculty Received BHW-Funded Financial Award

Select whether any Faculty Received any type of BHW-Funded Financial Award during the Training Program: To complete the FD-1a subform **for new records**, select whether any faculty who participated in a training program received any type of BHW-funded financial award by clicking on the drop-down menu under Block 7 and choosing from the following options:

- Yes
- No

⚠ **Warning: You must complete an IND-GEN subform for each faculty who received a BHW-funded financial award (e.g., conference/workshop or other activity to include registration fees, travel and per diem) during the semiannual reporting period for participating in a structured faculty development program.**

💡 *Note: This Block will prepopulate for prior records with data submitted in the previous reporting period.*

💡 **To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.**

FD-1b: Faculty Development - Faculty Trained By Profession/Discipline

FD-1b - Adding Profession and Discipline for Structured Programs

⚠️ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Figure 67. FD-1b - Adding Profession and Discipline for Structured Programs

Program Name: To add information about the profession and discipline of faculty who participated in each program during the semiannual reporting period, select a program name by clicking on the drop-down menu next to "Program Name" and choosing **one** of the available options.

Profession and Discipline of Faculty Trained: Next, select the profession(s) and discipline(s) of all faculty who participated in each faculty development program during the semiannual reporting period by choosing **all that apply** from the options listed below.
Click on the "Add Record" button to save your entry. **Repeat this process to capture the profession and discipline of all faculty members who participated in each faculty development program during the semiannual reporting period.**

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry

- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology

- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse

- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Optometry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management

- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Community Health Worker
- Other - Pharmacy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

- Other - Midwife
- Other - Podiatry
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention

- Public Health - Other

 Note: Information regarding the names of faculty development programs will prepopulate with the information that was entered and saved in the FD-1a subform.

FD-1b - Entering # Trained in the Profession and Discipline

No.	Program Name (1) Block 4	Profession and Discipline of Faculty Trained (2) Block 4	Enter # Trained in this Profession and Discipline (3) Block 4
1	Program 1	Dentistry - Endodontic Dentistry	

Figure 68. FD-1b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of faculty in that profession and discipline who participated in each structured faculty development program during the semiannual reporting period in the textbox beside the drop-down menu. **Repeat this step as many times as necessary to capture the total number of faculty by profession and discipline who participated in each structured training program during the semiannual reporting period.**

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

FD-2a: Faculty Development - Faculty Development Activities

FD-2a - Entering Faculty Development Activities

The FD-2a and FD-2b subforms will only appear if "Faculty Development Activities" was selected in the Faculty Development Setup form.

⚠ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Figure 69. FD-2a - Entering Faculty Development Activities

Activity Name:

- o To begin completing the FD-2a subform, enter the name of each faculty development activity (unstructured) coordinated and/or supported through the grant during the semiannual reporting period.
- o Click on the "Add Record" button to save your entry. **Repeat this process to enter each faculty development activity coordinated and/or supported through the grant during the semiannual reporting period.**

Example: The John Doe School of Nursing used BHW funds to pay for the cost of sending five (5) faculty members to the semiannual Academy Health conference. In addition, the school also used BHW funds to pay for the cost of sending two (2) faculty members to a local workshop on the integration of behavioral health and primary care.

Since each faculty development activity supported through the grant must be reported separately, the John Doe School of Nursing would have 2 entries—one entry for the Academy Health Semiannual Conference and one for the Integration of Behavioral Health and Primary care workshop (names are for illustrative purposes only). The John Doe School of Nursing would complete the FD-2a and FD-2b subforms for each of these activities.

FD-2a - Selecting Type of Faculty Development Activity Offered

⚠ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**

Figure 70. FD-2a - Selecting Type of Faculty Development Activity Offered

Select Type of Faculty Development Activity Offered: To begin completing the FD-2a subform, select the type of faculty development activity supported and/or coordinated through the grant during the reporting period by clicking on the drop-down menu under Block 8 and choosing **one** of the following options:

- Academic Course for Continuing Education
- Clinical Rotation for Continuing Education
- Grand Rounds for Continuing Education
- Professional Conference
- Training/Workshop for Continuing Education

For Courses or Workshops: Select Whether Activity is Accredited for Continuing Education Credit: Select whether these are accredited for continuing education credit by clicking on the drop-down menu under Block 8a and choosing **one** of the following options:

- Yes
- No

- N/A

For Courses or Workshops: Select Whether Attendance was to Acquire or Maintain Professional Certification: Select whether attendance by faculty was for the purposes of acquiring or maintaining a professional certification by clicking on the drop-down menu under Block 8b and choosing one of the following options:

- Yes
- No
- N/A

*Note: **If "Academic Course for Continuing Education" or "Training/Workshop for Continuing Education" was selected under Block 8**, select 'Yes' or 'No' for Blocks 8a and 8b. If any other option was selected under Block 8, select "N/A" under Blocks 8a and 8b.*

FD-2a - Entering Duration of Training Activity

Activity Name (1)	Select Type of Faculty Development Activity Offered (2) Block 8	For Courses or Workshops		Enter Duration of Training Activity in Clock Hours (5) Block 9	Select Delivery Mode Used to Offer Training Activity (6) Block 10	Select the Faculty Role(s) Addressed at Training Activity (7) Block 11
		Select Whether Activity is Accredited for Continuing Education Credit (3) Block 8a	Select Whether Attendance was to Acquire or Maintain Professional Certification (4) Block 8b			
Activity 1	Select one ▼	Select one ▼	Select one ▼		Select one ▼	▼

Figure 71. FD-2a - Entering Duration of Training Activity

Enter Duration of Training Activity in Clock Hours: Enter the duration, in clock hours, of each faculty development in the textbox under Block 9.

Note: For activities less than one (1) hour, provide a decimal value by dividing the total number of minutes the course lasted by 60. Example: a 15-minute course would entered as 15/60 = .25.

FD-2a - Selecting Delivery Mode

Figure 72. FD-2a - Selecting Delivery Mode

Select Delivery Mode Used to Offer Training Activity: Select the primary delivery mode used to offer each faculty development activity by clicking on the drop-down menu under Block 10 and choosing **one** of the following options:

- Classroom-based
- Distance learning (Online, Webinar)
- Grand Rounds

- Clinical Rotation
- Experiential/Field-based
- Hybrid

FD-2a - Selecting Faculty Role(s)

Figure 73. FD-2a - Selecting Faculty Role(s)

Select the Faculty Role(s) Addressed at Training Activity: To complete the FD-2a subform, select the faculty role(s) addressed in each activity by clicking on the drop-down menu under Block 11 and choosing **all that apply** from the following options:

- Administrator
- Clinician
- Educator
- Researcher

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

FD-2b: Faculty Development - Faculty Trained By Profession/Discipline
FD-2b - Adding Profession and Discipline for Activities

⚠ **Warning: Multiple steps are required to complete this portion of the subform. Please read instructions carefully.**
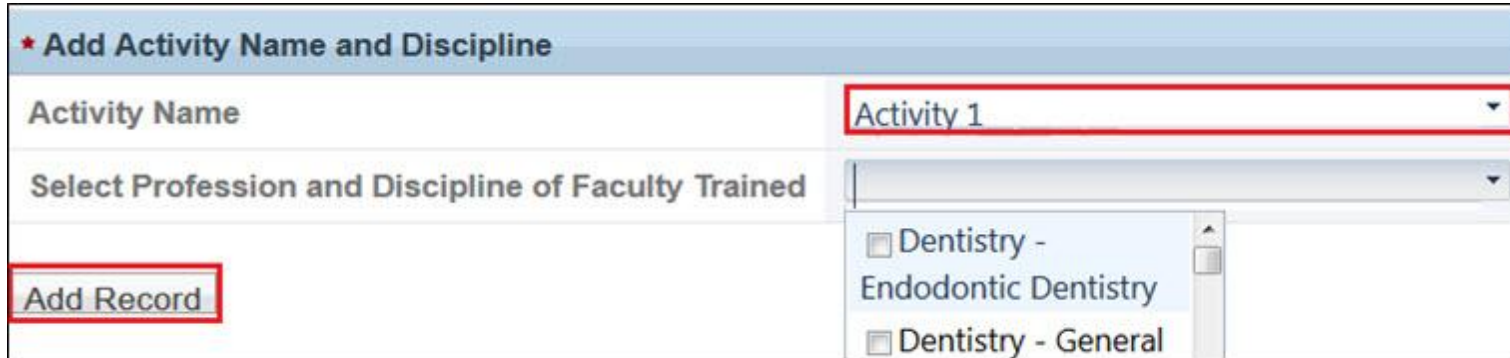
Figure 74. FD-2b - Adding Profession and Discipline for Activities

Activity Name: To add information about the profession(s) and discipline(s) of faculty who participated in each activity during the semiannual reporting period, select an activity by clicking on the drop-down menu next to "Activity Name" and choosing **one** of the available options.

Profession and Discipline of Faculty Trained: Select the profession(s) and discipline(s) of all faculty who participated in each activity by choosing **all that apply** from the options listed below.

Next, click on the "Add Record" button to save your entry. **Repeat this process to capture the professions and disciplines of all faculty members who participated in each faculty development activity during the semiannual reporting period.**

- Behavioral Health - Clinical Psychology
- Behavioral Health - Marriage and Family Therapy
- Behavioral Health - Pastoral/Spiritual Care
- Dentistry - Oral Surgery Dentistry
- Dentistry - Pathology Dentistry

- Behavioral Health - Clinical Social Work
- Behavioral Health - Other Psychology
- Dentistry - Endodontic Dentistry
- Dentistry - Orthodontic Dentistry
- Dentistry - Pediatric Dentistry
- Dentistry - Public Health Dentistry

- Behavioral Health - Counseling Psychology
- Behavioral Health - Other Social Work, Substance Abuse/Addictions Counseling
- Dentistry - General Dentistry
- Dentistry - Other
- Dentistry - Periodontic Dentistry
- Dentistry - Radiology Dentistry
- Medicine - Anesthesiology

- Dentistry - Prosthodontic Dentistry
- Medicine - Aerospace Medicine
- Medicine - Colon and Rectal Surgery
- Medicine - Family Medicine
- Medicine - Integrative Medicine
- Medicine - Internal Medicine/Pediatrics
- Medicine - Neurology
- Medicine - Occupational Medicine
- Medicine - Other
- Medicine - Pediatrics
- Medicine - Plastic Surgery - Integrated
- Medicine - Preventive Medicine/Internal Medicine
- Medicine - Radiation Oncology
- Medicine - Thoracic Surgery
- Medicine - Vascular Surgery - Integrated
- Nursing - CNS - Geropsychiatric
- Nursing - CNS - Psychiatric/Mental health
- Nursing - Licensed practical/vocational nurse (LPN/LVN)
- Nursing - NP - Adult
- Nursing - NP - Child/Adolescent Psychiatric/Mental Health
- Nursing - NP - Family Psychiatric/Mental Health
- Nursing - NP - Pediatrics
- Nursing - Nurse anesthetist
- Nursing - Nurse midwife
- Nursing - Registered Nurse

- Medicine - Allergy and Immunology
- Medicine - Dermatology
- Medicine - Geriatric Psychiatry
- Medicine - Internal Medicine
- Medicine - Medical Genetics
- Medicine - Nuclear Medicine
- Medicine - Ophthalmology
- Medicine - Otolaryngology
- Medicine - Physical Medicine and Rehabilitation
- Medicine - Preventive Medicine
- Medicine - Preventive Medicine/Public Health
- Medicine - Radiology - Diagnostic
- Medicine - Thoracic Surgery - Integrated
- Nursing - CNS - Adult gerontology
- Nursing - CNS - Neonatal
- Nursing - CNS - Women's health
- Nursing - NP - Acute care adult gerontology
- Nursing - NP - Adult gerontology
- Nursing - NP - Emergency care
- Nursing - NP - Geropsychiatric
- Nursing - NP - Women's health
- Nursing - Nurse educator
- Nursing - Other
- Nursing - Researcher/Scientist
- Other - Optometry
- Other - Veterinary Medicine
- Public Health - Disease Prevention & Health Promotion
- Public Health - Health Policy & Management

- Medicine - Emergency Medicine
- Medicine - Geriatrics
- Medicine - Internal Medicine/Family Medicine
- Medicine - Neurological Surgery
- Medicine - Obstetrics and Gynecology
- Medicine - Orthopaedic Surgery
- Medicine - Pathology - Anatomical and Clinical
- Medicine - Plastic Surgery
- Medicine - Preventive Medicine/Family Medicine
- Medicine - Psychiatry
- Medicine - Surgery - General
- Medicine - Urology
- Nursing - CNS - Family
- Nursing - CNS - Pediatrics
- Nursing - Home Health Aide
- Nursing - NP - Acute care pediatric
- Nursing - NP - Adult Psychiatric/Mental health
- Nursing - NP - Family
- Nursing - NP - Neonatal
- Nursing - Nurse administrator
- Nursing - Nurse informaticist
- Nursing - Public health nurse
- Other - Community Health Worker
- Other - Pharmacy
- Physician Assistant
- Public Health - Environmental Health
- Public Health - Infectious Disease Control
- Public Health - Social & Behavioral Sciences

- Other - Midwife
- Other - Podiatry
- Public Health - Biostatistics
- Public Health - Epidemiology
- Public Health - Injury Control & Prevention

- Public Health - Other

Note: Information regarding the names of faculty development activities will prepopulate with the information that was entered and saved in the FD-2a subform.

FD-2b - Entering # Trained in the Profession and Discipline

Activity Name (1)	Profession and Discipline of Faculty Trained (2) Block 12	Enter # Trained in this Profession and Discipline (3) Block 12
Activity 1	Dentistry - Endodontic Dentistry	

Figure 75. FD-2b - Entering # Trained in the Profession and Discipline

Enter # Trained in this Profession and Discipline: Enter the number of faculty in that profession and discipline who participated in each activity during the semiannual reporting period in the textbox beside the drop-down menu. **Repeat this step as many times as necessary to capture the total number of faculty by profession and discipline who participated in each activity during the semiannual reporting period.**

To Complete the Form: Click on the "Save and Validate" button located on the bottom right corner of your screen. If no errors are found, the BPMH system will automatically route you to the next required subform.

Printing Your Performance Report
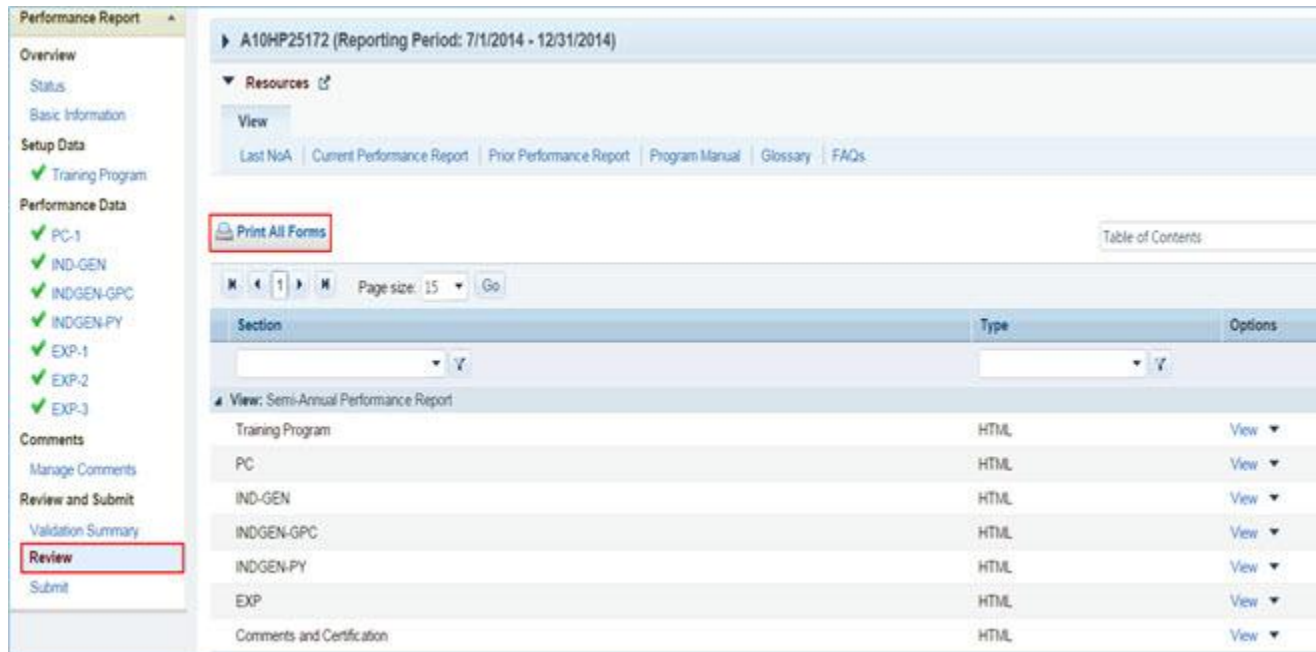
Figure 76. Screenshot of Printing Your Performance Report

1. To print the entire performance report, expand the left side menu of your report and click the 'Review' link under the 'Review and submit' section. You will be directed to the Review page.

2. Next, click the 'Print All Forms' button below the Resources section of the Review Page.

Submitting Your Performance Report

1. To submit your performance report, expand the left side menu of your report and click the 'Submit' link under the 'Review and submit' section. You will be directed to the Submit Report. On the Submit Report page, ensure that the status of all forms is 'Complete' with a green check mark. Click the 'Submit' button on the bottom right corner of this page.

Figure 77. Screenshot of the Submit Report Page

2. After step 1, you will be directed to the Submit Report-Confirm page. On this page, check the box under the 'Certification' section and click the 'Confirm' button on the bottom right corner of your screen to submit your report to HRSA. You will receive a confirmation message on your next screen.

Figure 78. Screenshot of the Submit Report - Confirm Page

Figure 79. Screenshot of the Submit Report - Confirm Page

Appendix A: Glossary

This glossary contains general definitions for terms that are used throughout the BPMH system. Some terms may be defined in multiple ways by different programs due to their authorizing statutes and/or the nature of training activities offered. If you are unsure about how to define a term that is central to your program, please refer to the authorizing statute, the Funding Opportunity Announcement and/or your Government Project Officer for clarification.

Attrition is the act of permanently leaving a training program or training activity before completion. An individual is counted as having attrited if s/he leaves a training program or training activity for any reason before completing all training requirements.

BHW-funded financial awards are monies from a grant funded by BHW that are provided to an individual by a grantee institution or organization for the purposes of defraying costs associated with participation in a training program or training activity. The types and definitions of BHW-funded financial awards are listed below:

1. **Career Award**: A financial award provided to current faculty for the purposes of facilitating professional growth and advancement in the academic setting.
2. **Fellowship**: A financial award provided to a Fellow for the purposes of defraying costs associated with advanced training in a specific content area.
3. **Scholarship**: A financial award provided to a student enrolled in a degree program at an educational institution for the sole purpose of covering expenses associated with tuition.
4. **Stipend**: A financial award provided to an individual for the purposes of defraying costs associated with a training program or training activity.
5. **Traineeship**: A financial award provided to a student enrolled in an advanced training program at an educational institution for the purposes of defraying costs associated with advanced training in a specific content area.
6. **Loan**: A financial award provided to a student enrolled in a degree program at an educational institution for the purposes of defraying costs associated with that degree program. Loans must be repaid in accordance with terms specified in a promissory note.
7. **Loan Repayment**: A financial award provided to an individual that is conditional on their agreement to provide specific types of services for a specified amount of time. Under this agreement, an individual may have part or all of their student loans paid off so long as they meet all specified requirements.

Campus-based degree program is a degree program that requires students to complete all academic coursework at the college or university campus.

Contact hours are the number of hours that an individual receives training in a specific setting.

Continuing education is a training activity or series of training activities offered to members of the **current** workforce who have already completed a training program in their profession. Generally, continuing education sessions are offered to existing professionals and do not include or target students as primary participants.

Curriculum is the aggregate content of multiple learning activities offered by an organization a specific topic area. Commonly, the term curriculum is used to describe the number and type of academic courses within a degree program. The term can also be used to describe the number and type of learning activities for faculty and other non-degree related training programs.

Didactic training is the process of instruction between a designated faculty and an individual or group of individuals.

Direct financial support program is a type of grant that provides individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with participation in a training program or training activity.

Disadvantaged background is a citizen, national, or a lawful permanent resident of the United States or the District of Columbia, the Commonwealths of Puerto Rico or the Marianas Islands, the Virgin Islands, Guam, the American Samoa, the Trust Territory of the Pacific Islands, the Republic of Palau, the Republic of the Marshall Islands and the Federated State of Micronesia who either:

- Comes from an environment that has inhibited the individual from obtaining the knowledge, skill, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; OR
- Comes from a family with an annual income below a level based on low income thresholds according to family size published by the U.S. Bureau of Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, HHS, for use in health professions and nursing programs.

Enhanced course or other training activity is a specific type of training activity that was in existence at the grantee institution or organization and has been modified or restructured as part of the grant project.

Enrollee is an individual who is actively matriculated or registered in a training program or training activity. For the purposes of performance reporting, the training category of "enrollees" does not include graduates, program completers, fellows or residents.

Ethnicity is the ethnic ancestry or origin of an individual or group of individuals. For the purposes of performance reporting, the Office of Management and Budget requires that ethnicity be classified as "Hispanic or Latino Origin" and "Non-Hispanic or Latino Origin". Individuals identifying as "Hispanic or Latino" are of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Experiential training is the process of instruction between a designated faculty and an individual or group of individuals that includes a component of direct work experience.

Faculty is an individual or group of individuals who have been deemed qualified by an organization to provide instruction to others on a specific topic area.

Faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Faculty development activities can include conferences, workshops or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization. It is the same as an "Unstructured faculty development activity".

Faculty instruction are those courses, workshops, seminars, grand rounds or other training activities that are led by faculty for the purposes of providing training to other individuals (e.g., students, fellows, residents). Faculty instruction does not refer to training activities undertaken by faculty for the purposes of additional training or faculty development (see Structured Faculty Development Program and/or Unstructured Faculty Development Activity).

Federally Qualified Health Centers (FQHC) are public and private non-profit health care organizations that meet certain criteria under the Medicare and Medicaid Programs (respectively, Sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receive funds under the Health Center Program (Section 330 of the Public Health Service Act).

Fellowship is a training program that provides an individual or group of individuals (known as "fellows") with advanced training in a general content area. Fellows generally receive a financial award to help defray costs associated with advanced training (also referred to as a "fellowship").

Full-time refers to the number of days per week and/or months per year representing full-time effort at the applicant/recipient organization, as specified in organizational policy. For a student, it means a student who is enrolled full-time as defined by the organization. The organization's policy must be applied consistently, regardless of the source of support.

Graduate is an individual who has completed all requirements for a degree-bearing training program at an educational institution.

Hybrid degree program is a degree program that requires students to complete academic coursework at the campus, as well as through distance learning.

Instructional hours are the duration of a training activity or training program in clock hours.

Infrastructure program is a type of grant designed to enhance the scope, quality, and opportunities for health professions training programs or training activities. Infrastructure programs do not provide individuals with any type of BHW-funded financial awards.

Internship is a type of training activity that can either be a(n): a) component of a degree-bearing program or b) entry-level employment that provides an individual with relevant workforce experience.

Interprofessional education is the process of learning among a group of individuals from two (2) or more professions.

Interprofessional practice is the provision of care or services to an individual or group of individuals by workers from two (2) or more professions.

Medically Underserved Community (MUC) is a geographic location or population of individuals that is eligible for designation by a state and/or the federal government as a health professions shortage area (HPSA); medically underserved area (MUA) and/or medically underserved population (MUP). These communities have limited access to primary health care services. The term MUC is an umbrella term that can be used to describe any location that meets one or more of the previously identified designations.

Multipurpose/Hybrid program is a type of grant that is designed to: a) provide individuals, via grantee organizations, with a BHW-funded financial award to help defray costs associated with health professions training; **and b)** enhance the scope, quality, and opportunities for health professions training programs or training activities.

Newly developed course or other training activity is a specific type of training activity that was not in existence at the grantee institution or organization and was developed in its entirety as part of the grant project.

Online degree program is a degree program that requires students to complete all academic coursework through distance learning.

Partner/consortium is an organization or group of organizations that provide(s) resources and/or support to grantees for the implementation of training programs and/or training activities.

Patient encounter is a direct interaction between a designated caregiver and a patient for the purposes of health care.

Practicum is a type of experiential training activity. (See "Experiential training").

Primary care is the provision of integrated, accessible health services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

Primary care setting is a facility that is staffed with professionals who provide primary care. (See "Primary Care")

Profession & discipline is a phrase that identifies a general occupation (profession) and, where applicable, a type of specialty within that occupation (discipline).

Program completer is an individual who has completed all requirements for a non-degree bearing training program or training activity. (See "Graduate" for individuals who complete all requirements of a degree-bearing training program)

Publication is a written material that has been submitted to and accepted by a publishing authority as part of a collection of related work.

Race is an individual's self-identified affiliation with one (1) or more of the following origins:

- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- **Black or African American** – A person having origins in any of the Black racial groups of Africa.
- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Residency is a training program that provides an individual or group of individuals (known as "residents") with advanced clinical training in a specialty area.

Residential background is/are the type/s of location/s an individual has established residence in.

Rural is a geographical area that is not part of a Metropolitan Statistical Area (MSA). *Note: To determine if a specific geographical area is considered rural, go to HRSA's Office of Rural Health Policy.*

Structured faculty development program is a series of curriculum-based training activities that are provided to faculty over a specific amount of time for the purposes of additional training and/or faculty development. Structured faculty development programs can be degree-bearing, certificate-bearing and do not necessarily have to be offered at or by the grantee institution or organization.

Structured training program is a series of curriculum-based training activities that are provided to an individual or groups of individuals over a specific amount of time.

Trainee is an individual who participates in a training program or training activity.

Underrepresented Minority (URM) is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population. **Note: For the purposes of the health professions, BHW considers individuals who are from the following racial and ethnic backgrounds to be underrepresented:**

- Black or African American
- Hispanic (all races)
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native

Unstructured faculty development activity is generally a stand-alone single training activity provided to faculty for the purposes of additional training and/or faculty development. Unstructured faculty development activities can include conferences, workshops, or grand rounds and do not necessarily have to be offered at or by the grantee institution or organization.

Unstructured training activity is generally a stand-alone single training activity that is not part of a curriculum.

Veteran is any person who served in one (1) of the seven (7) uniformed services of the United States. The seven uniform services include: the United States Army, Navy, Air Force, Marines, Coast Guard, Public Health Service, and National Oceanic & Atmospheric Administration Commissioned Officers Corps.

Vulnerable populations are groups of individuals at higher risk for health disparities by virtue of their race or ethnicity, socio-economic status, geography, gender, age, disability status, and other risk factors associated with sex and gender.

Appendix B: FAQs

General FAQs:

Q1: When is the due date for the performance report?

A1: Performance reports are due by **July 31, 2015** for all programs. No extensions will be granted beyond this date. Failure to submit a performance report by your due date may place your grant in a non-compliant status.

Q2: What dates does the performance report cover?

A2: The performance report submitted by grantees should cover all activities conducted through the grant for the period **January 01, 2015 - June 30, 2015**.

Q3: Is it possible to change data entered incorrectly in a prior reporting period?

A3: No. Data entered in a previous reporting period cannot be edited. It is important that grantees endeavor to provide the most accurate data during each reporting period.

FAQs about the Program Characteristics (PC) forms:

Q4: Do I need to set up my training program again if it is being reused in the current reporting period?

A4: No. If you previously reported on a training program, you do not need to set up the program again. All of your previously used training programs will be displayed in your training program setup menu with a record status of 'Prior Record' displayed.

Q5: What are the status options for the different types of programs?

A5: Structured and Unstructured Training programs use program status options of "Ongoing" or "Complete." All other types of training programs (degree/certificate, internships, fellowships, 1-year retraining, practica/field placements, and residencies) use the status options of "Active" and "Inactive."

Q6: In the PC forms, do we count all trainees in our program regardless of the year of study; include full-time/part-time trainees, etc.?

A6: Yes, as long as trainees are enrolled or participating in the training program identified under Block 1.

Q7: Are we required to provide this information only on the trainees in the programs we received funding for?

A7: The PC tables capture information about the universe of trainees regardless of funding status at your school. This is the only form that collects this type of information in aggregate.

FAQs about the LR-1 through DV-3 forms:

Q8: In prior reports, the LR-1, LR-2 and DV tables reported unduplicated counts. In this current reporting format, will we be reporting duplicated counts for those tables?

A8: The new format requires grantees to provide counts by training program. While we understand that an individual may participate in multiple programs offered by grantees, this new approach will allow us to better understand each program separately.

Q9: In the LR- and DV- tables, are the counts for graduates and/or program completers a subset of the total trainee number or are they to be reported separately?

A9: On the LR- and DV- forms, graduates and program completers are not reported as a subset of the current trainee total. Please report aggregate counts of trainees (e.g., enrollees, residents, and fellows) SEPARATELY from the aggregate counts of graduates or program completers.

Q10: What address should we use to determine if an individual is considered to come from a rural residential background? Do we consider a student's high school address, medical school address or childhood home address?

A10: It depends on the information available. The definition of rural residential background is based on whether an individual has ever lived in a rural area. Grantees may choose to use the address prior to matriculation or the institution's address.

FAQs about the INDGEN form:

Q11: Where do we get the Trainee Unique ID?

A11: Grantees are responsible for developing a unique ID for each individual for which an INDGEN entry is required. Grantees must keep a log of these unique IDs in order to provide semiannual and 1-year follow-up updates through the BPMH system.

Q12: What are the characters of the 7 digit unique ID?

A12: Each unique ID must be made up of 7 alphanumeric characters (meaning that, you may use a combination of both letters and numbers).

Q13: Are INDGEN records from the last semiannual period stored in the EHB?

A13: It depends. All INDGEN records that were reported during prior reporting periods will be shown in your INDGEN table as 'Prior Records' until (a) the record is marked as a graduate/ program completer, or (b) the individual permanently discontinues participation in the training program (i.e., attrition). Any INDGEN record that was marked as having graduated or completed will be transferred into INDGEN-GPC for the next reporting period. INDGEN records for individuals who permanently discontinued training will not re-populate in EHB in the next reporting period.

Q14: Last year we created individual participant codes (Unique IDs) to be included in the INDGEN table. If any of those participants attend a new training cycle this year, should we use the same code for that participant, or create a new code for that participant? Are those codes needed this year?

A14: The purpose of the Unique ID is to track an individual's training participation over time. If the same individual is simultaneously participating in multiple training programs, you should use the same unique ID. Note that each training program must also have a unique name. The same unique ID-training program combination cannot be present in more than one location (INDGEN/INDGEN-GPC/INDGEN-PY).

Q15: What if an individual already listed on INDGEN did not receive a financial award during the six month reporting period?

A15: If an individual from a prior record did not receive a financial award during the current reporting period, please indicate this under Block 11. The record will remain on INDGEN until this individual is marked as a graduate/program completer or a drop-out of the training program.

Q16: Is there an option to report Ethnicity as unknown?

A16: No. While there is an option for "Not Reported" on the INDGEN form, grantees are expected to collect race and ethnicity data on each individual for whom an INDGEN entry is required. If the option of "Not Reported" is selected for an individual's race, ethnicity or any other of the core demographic variables, it is expected that the grantee will collect this information and provide an update by the next reporting period.

Q17: Is reporting the underrepresented Asian distinction no longer included? The loss of the Asian Underrepresented category is a real loss to describing the diversity of our enrollees and their under-representation in medicine – any suggestions on how we can still express this diversity within our report?

A17: The definition of an underrepresented minority (URM) included in the instruction manuals specifically states that a URM is "is an individual from a racial and/or ethnic group that is considered inadequately represented in a specific profession relative to the numbers of that racial and/or ethnic group in the general population". While some professional or accrediting organizations collect detailed information on Asian subpopulations, data sources for the general population (i.e., the Census) do not. Therefore, it is not possible to determine that specific Asian subpopulations are underrepresented relative to the general population. Furthermore, federal agencies have been directed by the Office of Management and Budget to

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collect race/ethnicity data in a manner consistent with that used for the Census. As a result, all race and ethnicity categories displayed in the INDGEN sub-form are identical to those used in the Census.

Q18: Can we use our institutions definitions/standards for disadvantaged background?

A18: The BHW definition of disadvantaged background is included in the glossary of each instruction manual. As long as an institution's definition or standard does not contradict the federal definition of disadvantaged, then grantees may choose to count individuals who have been deemed disadvantaged by the institution. Otherwise, you must use the definition for disadvantaged background located in your program manual glossary.

Q19: Do we report full time faculty who receive salary support for teaching or administrative responsibilities?

A19: It depends on whether a specific faculty member is part of the project. For project staff (including faculty), this information is not required as it is captured in your grant's budget documents.

Q20: Do conference registration fees count as financial support?

A20: Yes, but only for non-project staff.

Q21: How do we find out an individual's family income?

A21: The institution's financial aid office should have that information, as part of the required application for financial aid.

Q22: For veteran status, are we asking only for the student or trainee's status, or the trainee's family status (e.g. dependent of veteran, spouse of veteran, etc.)?

A22: Only the trainee's status should be reported.

Q23: How is the academic year funding total calculated?

A23: The academic year total is automatically calculated in EHB as the sum of both semiannual amounts within the same academic year. This means that during data entry for the first semiannual period, the automatically calculated totals for the current reporting period and academic year total will be the same. When you enter, save, and validate the funding amount for the second semiannual period, the academic year total will automatically recalculate and will sum the two semiannual amounts.

Q24: How is the cumulative funding total calculated?

A24: The cumulative funding total is automatically re-calculated each semiannual period in EHB. This is the total of each semiannual amount that has been entered for the individual record either (a) across the life of the grant or (b) since the BPMH system has been in use starting with Academic Year 2012-2013.

FAQs about the INDGEN-PY form:

Q25: How do I use the INDGEN-PY form?

A25: One year after an INDGEN record is marked as a graduate/program completer, you will be asked to provide an update on the individual's employment/enrollment status. The INDGEN-PY form will automatically pre-populate with the individual records that appeared in the INDGEN-GPC form in the previous reporting period.

FAQs about the Experiential Training (EXP) forms:

Q26: What training sites do I need to report on this form? Is it all of the sites our program uses?

A26: Grantees should report only on sites used to provide training to students, trainees, or faculty supported by the grant during the current reporting period.

Q27: Our hospital provides multiple training sites for our trainees. Do I list the hospital or the specific clinics and offices within the hospital?

A27: You should list the specific clinics and offices within the hospital that provide training to supported trainees for the EXP forms.

Q28: Do I need to list a site more than once on EXP-2?

A28: You may need to list a site multiple times on the EXP-2 form. For sites that provide training to students, trainees and faculty from different training programs, it should be listed on the form for each training program the grant sponsors.

Q29: How can I report Interprofessional team-based care at the training sites?

A29: Interprofessional team-based care reporting is a three-step process on the EXP-3 form. After identifying the training program and site, the first step is to select ALL of the professions and disciplines represented on the interprofessional team (including the profession of the principal-HRSA sponsored trainees). The second step is to provide the number of trainees (by discipline) who were trained by the HRSA-sponsored program (principal trainees). The final step is to provide the number of other trainees (by discipline) who were trained at the site, alongside the principal trainees, but were not enrolled in the HRSA-sponsored program.

FAQs about the Curriculum Development and Enhancement (CDE) forms:

Q30: What if courses are created with a variety of funding sources?

A30: Grantees should complete a CDE-1 entry for each course or training activity that was developed or enhanced using any amount of HRSA grant funds.

Q31: Why do only some of the courses I entered last time appear in the CDE-1 form this time?

A:31 Only courses that were marked as 'Under Development' or 'Developed but Not Yet Implemented' will pre-populate the CDE-1 table. Courses marked as 'Implemented' will pre-populate the new CDE-1a table.

Q32: For CDE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A32: For the purposes of the CDE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period.

FAQs about the Faculty Development (FD) forms:

Q33: What is the difference between a structured faculty development program and an unstructured faculty development activity?

A33: Structured and unstructured faculty development programs differ in a few ways. Generally, structured faculty development programs are administered over a longer period of time and involve multiple meetings/sessions. Additionally, structured programs tend to be curriculum-driven, and may lead to the conferral of a degree or certificate. In contrast, unstructured faculty development activities are shorter in duration, and are single, stand-alone trainings. Faculty development activities include conferences, workshops, and grand rounds.

FAQs about the Continuing Education (CE) forms:

Q34: For CE-2, do we report on all attendees or only those directly funded by a BHW-funded program for this reporting period?

A34: For the purposes of the CE-2 form, count all individuals trained (whether or not the individuals received direct financial support) through courses or training activities developed or enhanced using any BHW funds during the current reporting period. Individuals attending CE trainings should be current providers, rather than students.

FAQs about Technical Support & Assistance:

Q35: Who do we contact if we need technical assistance entering data in EHB?

A35: Grantees should contact HRSA's Call Center for any type of questions related to the performance report. The Call Center can be reached via phone at 1-877-464-4772.

Q36: Where will grantees be able to locate the instruction manuals for the performance reports?

A36: Grantees will be able to access their program-specific instruction manual through the EHB. In addition, the manuals will be posted on the BHW grants website at http://bhw.hrsa.gov/grants/reporting/index.html.

Q37: Is there a way to look at the data forms required for my program without logging into EHB?

A37: Yes. Grantees will be able to view a program-specific overview of the required performance measure forms on the BHW grants website at http://bhw.hrsa.gov/grants/reporting/index.html.

Q38: Are reports from prior years stored in the EHBs?

A38: Yes. Grantees can locate reports from prior reporting periods in EHB by using any of the following methods:

 a) Clicking the 'view prior period data' link within a form or under your Resources tab;

 b) Going into your grant folder and searching for previously completed reports; or

 c) Clicking on the "submissions" link in the left side navigation menu.

Q39: Will the information we are submitting in this reporting period be automatically used to populate the forms in the future?

A39: Yes. Depending on the form, certain data fields will prepopulate for future reporting periods based on the data you enter when the record is initially created. For example, information reported on the EXP-1 and EXP-2 forms for training sites used will carry over each reporting period. Similarly, much of the information reported on the INDGEN form will also carry over each reporting period until the individual completes their specific training program or permanently leaves before completion.